Registration Form

Please send the completed form to:
EUROKONGRESS GmbH **Fax: +49 (0)89 210 98 698**

15th Symposium of the European Society of
Urogenital Radiology
Munich, Germany - September 11-14, 2008
Special Focus: Radiology of the Prostate, Pelvic Floor and Lower Urinary Tract

Address

Following address is: ❑ my home address ❑ the address of my institution

Name: _____ First name: _____ Title: _____

Institution: _____

Department: _____

Street: _____ ZIP code: _____

City: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Registration Fees

ESUR / SUR Member	❑ **390,00 €**
Non-Member	❑ **440,00 €**
Residents and Technologists (certification required)	❑ **290,00 €**
Accompanying persons	❑ **135,00 €**

Social Programme

Members' Dinner (Thu, 11.09.2008)	❑ **60,00 € x ____ person(s)**
Welcome Reception (Fri, 12.09.2008)	❑ **free of charge**
Course Dinner (Sat, 13.09.2008)	❑ **70,00 € x ____ person(s)**

Registration Fee Total: _____ **€**

Hotel Reservation *(for detailed information please see programme or website)*

❑ Single room ❑ Double room

Arrival: _____ Departure: _____ N° of nights: _____

Hotel (1st choice): _____ Hotel (2nd choice): _____

For the hotel reservation a valid credit card number is required to guarantee the booking. The credit card will only be charged in case of late cancellation or no-show.

Payment

❑ Bank transfer: 'ESUR 2008' HypoVereinsbank Munich Account n°: 309840 Bank code: 70020270
IBAN: DE12 7002 0270 0000 3098 40 SWIFT (BIC): HYVEDEMMXXX

❑ Credit card: | | | | | | | | | | | | | | | | Expiry date: | | | | |

Credit card bearer: _____

❑ *I authorize EUROKONGRESS to charge above mentioned credit card with my registration fees.*

❑ *The above mentioned credit card serves as guarantee for my hotel reservation.*

I herewith accept the conditions of participation and cancellation.

Date: _____ **Signature:** _____