



XXIXth International Congress of the International Society of Blood Transfusion



September 2-7, 2006, Cape Town International Convention Centre, Cape Town, South Africa

CONGRESS REGISTRATION FORM

PERSONAL DETAILS

Last Name / Family Name*		First Name*		Title: Prof / Dr / Mr / Mrs	M	F
Institution/Company		Department		Position		
Postal Address						
City				Post / Zip Code		
Country*			Email Address**			
Telephone			Fax			

* to be printed on name badge

** in order to keep you updated/informed of any changes regarding the ISBT and the Congress, please complete your email address in clear print

Accompanying Persons (non-participants)

1. Family Name _____ First Name _____ Mr/Mrs

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REGISTRATION FEE: Please tick the appropriate box (For more information see Page 13, Final Announcement)

Registration Category	Payment on or before 1 June 2006	Payment after 1 June 2006 and before 1 Sept 2006	Payment after 1 Sept 2006 and on-site	TOTAL
ISBT member *	<input type="checkbox"/> € 450	<input type="checkbox"/> € 500	<input type="checkbox"/> € 550	€
ISBT non-member	<input type="checkbox"/> € 560	<input type="checkbox"/> € 610	<input type="checkbox"/> € 670	€
Participants from South Africa and African AfSBT members **	<input type="checkbox"/> € 225	<input type="checkbox"/> € 225	<input type="checkbox"/> € 225	€
Accompanying Persons	<input type="checkbox"/> € 100	<input type="checkbox"/> € 100	<input type="checkbox"/> € 100	€
Students***	<input type="checkbox"/> € 225	<input type="checkbox"/> € 225	<input type="checkbox"/> € 225	€

* For ISBT members who paid the membership fee for 2006.

** For AfSBT members from Africa who paid the membership fee for 2006.

*** To qualify for the Student Fee, the applicant's Registration Form must be accompanied by a letter from the academic institution confirming registration

* ISBT Membership Number:

**AfSBT Membership Number:

EDUCATIONAL STATE OF THE ART REVIEW DAY: Sunday 3 September, 2006

Please tick the appropriate box (For more information, refer to Page 6, Final Announcement)

Session	Attendance choices
E1 08.00-10.00 Progenitor Cells	<input type="checkbox"/>
E2 08.00-10.00 Transfusion in Resource Limited Countries	<input type="checkbox"/>
E3 10.30-12.00 Evidence-Based Transfusion Medicine	<input type="checkbox"/>
E4 10.30-12.00 Transfusion in Resource Limited Countries	<input type="checkbox"/>
E5 13.00-14.30 Advance in Homeostasis	<input type="checkbox"/>
E6 13.00-14.30 Transfusion in Resource Limited Countries	<input type="checkbox"/>
E7 15.00-16.30 New Frontiers in Blood Transfusion	<input type="checkbox"/>
E8 15.00-16.30 Paediatric Transfusion Practice	<input type="checkbox"/>

Name Participant: _____

SOCIAL PROGRAMME

(For more information see Page 20, Final Announcement)

Function	No of Persons	Price per Person	TOTAL
SUNDAY 3 Sept 17:30 – 19:00 / 19:00 – 20:30 Opening Ceremony, Welcoming Cocktails		Incl in Reg fee *	00.00
MONDAY 4 Sept 09:00 – 12:00 Accompanying Person's Cape Town Orientation morning tour		Incl in Reg fee *	00.00
TUESDAY 5 Sept 15:00 – 19:00 Afternoon Tour - Chapman's Peak Excursion for Participants and Accompanying Persons		Incl in Reg fee *	00.00
WEDNESDAY 6 Sept 19:00 – 24:00 African Theme Evening		€ 40 pp	€

TOTAL	€
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* Included in the registration fee for participants and accompanying persons

SPECIAL DIETARY REQUESTS

Vegetarian	Halaal	Other: (please specify)
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PAYMENT DETAILS (Registration fees are payable in Euro)

Bank Transfer:

Please transfer the amount to account number 24.34.91.069, Fortis Bank, Amsterdam, The Netherlands.
Mark it for attention of ISBT Cape Town 2006, c/o Eurocongress Conference Management, Amsterdam, The Netherlands.
Swift Code Fortis Bank: FTBPNL2R. The payment transfer should clearly state the name(s) of the participant(s).
IBAN Number : 24FTSB0243491069:

By Credit Card:

Euro/Master card American Express card Visa Diner's

Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date (MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Issue Number / CVC code 3 Digit No on Reverse side (where applicable)	<input type="text"/>	<input type="text"/>
Cardholder's Name On Card	<input type="text"/>				Date	<input type="text"/>	
Cardholder Signature	<input type="text"/>				Date	<input type="text"/>	

PLEASE COMPLETE THIS FORM AND FORWARD IT TO:

Eurocongress Conference Management
Jan van Goyenkade 11, 1075 HP Amsterdam, The Netherlands
Telephone: +31 20 679 3411 • Fax: +31 20 673 7306
E-mail: isbt.capetown@eurocongres.com

DETAILS OF THE ABOVE AND ADDITIONAL INFORMATION MAY BE VIEWED ON THE WEBSITE <http://isbt-web.org/capetown/>

PLEASE REMEMBER TO MAKE A PHOTOCOPY OF THIS FORM FOR YOUR OWN RECORDS