

# REGISTRATION FORM

**14th Annual Meeting of the ESCTAIC**  
**European Society for Computing and Technology in Anaesthesia and Intensive Care**  
**Berlin 02<sup>nd</sup> to 04<sup>th</sup> of October 2003**

Family name: .....

First name(s): .....

Address: .....

.....

Phone: ..... Fax: .....

E-mail: .....

Accompanying person(s): .....

## REGISTRATION FEES

	<b>Before 20<sup>th</sup> of July 03</b>	<b>After 20<sup>th</sup> of July 03</b>	
ESCTAIC members	260 Euro per person	280 Euro per person	Euro.....
Non members	280 Euro per person	300 Euro per person	Euro.....
Fees Total			Euro.....

## HOTEL ACCOMMODATION

I need a  Single Room /  Double Room from \_\_\_\_\_ to \_\_\_\_\_

"Deluxe" (250-125 Euro)       "Business" (125-90 Euro)       "Standard" (90-70 Euro)

All rates include breakfast. We will make the hotel reservation for you. Any payments have to be arranged directly with the hotel.

**Please dispose your hotel reservation as soon as possible. We only have a limited number of pre-booked rooms (03<sup>rd</sup> of October is a German holiday).**

### **Bank account:**

**Deutsche Bank**

**Account Holder: HCMB**

**Account No.: 93 93 000**

**BLZ (bank code number): 100 700 24**

**Code word: ESCTAIC 2003**

Branch (office) "Berlin-Zoologischer Garten"

Hardenbergstraße 29D, D-10623 Berlin

phone: +49 (0)30 3407-0, Fax -1368

Swift Number: DEUTDBBER

**Please send us a copy of your payment (registration fee) together with your registration form:**  
HCMB Institute for Health Care Systems Management Berlin eG, Steinplatz 1, D-10623 Berlin,  
phone +49 (0)30 314 79 50-6, fax -7, email office@hcmb.org

.....  
Date

.....  
Signature