

# ESCTAIC REGISTRATION FORM

20<sup>th</sup> Annual ESCTAIC Meeting in Berlin 23<sup>rd</sup> to 26<sup>th</sup> of September 2009  
European Society for Computing and Technology in Anaesthesia and Intensive Care

Family name: ..... First name: .....

Institution/Company & Address: .....

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

E-mail: .....

## REGISTRATION FEES

<u>A) CONGRESS</u>	Before 15 <sup>th</sup> of June 09	After 15 <sup>th</sup> of June 09	
ESCTAIC members	250 Euro per person	280 Euro per person	Euro.....
Non members	300 Euro per person	330 Euro per person	Euro.....
Accepted free papers	220 Euro per person	220 Euro per person	Euro.....
<u>B) TUTORIAL</u>	Please name tutorial: -----		
ESCTAIC members	70 Euro per person	80 Euro per person	Euro.....
Non members	90 Euro per person	100 Euro per person	Euro.....
<u>C) WORKSHOP</u>	Please name workshop: -----		
ESCTAIC members	15 Euro per person	20 Euro per person	Euro.....
Non members	20 Euro per person	25 Euro per person	Euro.....
<b>Fees Total</b>			<b>Euro.....</b>

## HOTEL ACCOMMODATION

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

"Deluxe" (250-125 Euro)     "Business" (125-90 Euro)     "Standard" (100-70 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.

### Bank account:

Bank Name: Deutsche Bank

Account Holder: HCMB

Account Number: 93 93 000

BLZ (Bank Code Number): 100 700 24

Code Word: ESCTAIC 2009 & your family name

Branch (office) "Berlin-Zoologischer Garten"

Hardenbergstraße 29D, D-10623 Berlin

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

BIC/Swift: DEUTDE3333

IBAN: DE98 100700240939300000

Please send, fax or email a copy of your payment together with your registration form to:  
HCMB Institute for Health Care Systems Management Berlin, Boetticher Str. 7, 14195 Berlin,  
Phone: +49 (0)30 83 22 10 50, Fax: +49 (0)30 83 22 10 51, email: office@hcmb.org

.....  
Place, Date

.....  
Signature