



BIOPARADIGMS™
ADVANCED BIOTRANSPORTER RESEARCH

Phone: +41 31 631 41 64
Fax: +41 31 631 34 10

BioParadigms
Institute of Biochemistry and
Molecular Medicine
University of Berne
Bühlstrasse 28
CH-3012 Bern
Switzerland
Patrizia Catucci
Conference Coordinator

Registration
BioMedical Transporters 2011
August 7-11, 2011

Please complete the following form, print, sign where indicated, and return to Patrizia Catucci via fax at +41 31 631 34 10. You will receive an email confirmation once your registration has been processed.

Conferee Information:

Speaker **Attendee**
 Prof. **Dr.** **Mr.** **Mrs.**

First Name: _____

Middle Initials: _____

Last Name: _____

Title: _____

Affiliation, Institution: _____

Department: _____

Building: _____

Street Address: _____

City: _____ **State:** _____

Postal Code: _____ **Country:** _____

Phone: _____ **Fax:** _____

Email: _____

Registration Packages Entire Conference (August 7-11, 2011)

The registration package includes the following:

1. Reception and Lunches
2. Apéro on Sunday evening
3. Beverages and coffee during breaks
4. Apéro at the Tuesday evening poster session

Note: Single day registrations are not available.

Currency Converter: <http://www.xe.com/ucc/>

Please select the appropriate conferee registration fee:

- | | |
|--|----------|
| <input type="radio"/> Invited Speaker | CHF 0 |
| <input type="radio"/> TransCure Members | CHF 0 |
| <input type="radio"/> Academic Conferee (Before Mai 16, 2011) | CHF 450 |
| <input type="radio"/> Academic Conferee (After Mai 16, 2011) | CHF 500 |
| <input type="radio"/> Industry Conferee (Before Mai 16, 2011) | CHF 1200 |
| <input type="radio"/> Industry Conferee (After Mai 16, 2011) | CHF 1400 |
| <input type="radio"/> Student/Pre-doctoral (Before Mai 16, 2011) | CHF 200 |
| <input type="radio"/> Student/Pre-doctoral (After Mai 16, 2011) | CHF 250 |

Please check here if you are vegetarian (for catering purposes):

Kleine Scheidegg/Maennlichen Excursion/Dinner:

I would like to participate at the Special Excursion to the Kleine Scheidegg/Männlichen on Tuesday, August 9, 2011. The cost for this is CHF 150 per person (includes bus ride, cable train and dinner with beverages).

- | | |
|--|---------|
| <input type="checkbox"/> Attendee | CHF 150 |
| <input type="checkbox"/> Accompanying Person 1 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 2 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 3 | CHF 150 |

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

Special Farewell Dinner at the Hotel Restaurant Eiger (Restaurant Barry's)

I would like to participate at the Hotel Restaurant Eiger Special Farewell Dinner/Entertainment on Thursday evening, August 11, 2011. The cost for this is CHF 150 per person. The excursion will include dinner, excellent wine, non-alcoholic beverages and traditional Swiss folklore music.

- | | |
|--|---------|
| <input type="checkbox"/> Conference Attendee | CHF 150 |
| <input type="checkbox"/> Accompanying Person 1 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 2 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 3 | CHF 150 |

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

I would like to make a reservation for my Accompanying Person for the Sunday evening Reception. (Includes food and beverages)

- Accompanying Person 1 CHF 40
- Accompanying Person 2 CHF 40
- Accompanying Person 3 CHF 40

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

Total Amount to be charged:

CHF

Credit Card Type (Please select):

Visa

Mastercard

Credit Card Number: _____

Expiration Date: _____

Terms for cancellations: Until June 1, 2011, the registration fee, less CHF 80 for administration charges, will be refunded. After this date, no refunds will be made for cancellations. All refunds will be made after the congress. **If these terms are acceptable to you, please sign below.**

Signature is also permission to charge credit card Total Amount listed above.

Signature: _____ Date: _____