



**BEST RETURN BEFORE 1<sup>ST</sup> JULY 2010**

## REGISTRATION FORM

To benefit from the early registration fee please return this form together with full payment as soon as possible and before 1<sup>st</sup> July 2010

Please fill in your membership number

No. ....

for Conference department use only

PRN .....

Please use capital letters or staple a business card for all details. For an easier and faster registration, you may also go to [www.edtnerca.org](http://www.edtnerca.org)

EDTNA/ERCA  
Pilatusstrasse 35  
CH 6003 Lucerne  
Switzerland

EDTNA/ERCA Secretariat  
5. května 65, CZ-140 21, Prague 4, Czech Republic  
Tel./Fax: +420 261 174 318  
Email: [queries@edtnerca.org](mailto:queries@edtnerca.org)

EDTNA/ERCA Conference Department / CZECH-IN s.r.o.  
5. května 65, CZ-140 21, Prague 4, Czech Republic  
Tel./Fax: +420 261 174 301/5, Fax: +420 261 174 307  
Email: [Dublin2010REG@edtnerca.org](mailto:Dublin2010REG@edtnerca.org)

### A PARTICIPANT DETAILS

Prof  Dr  Mr  Mrs  Ms

LAST NAME / FAMILY NAME

FIRST NAME

INSTITUTION / COMPANY

STREET / P.O. BOX

POSTAL CODE  CITY

COUNTRY

PHONE  FAX

EMAIL

Please note that your name and address will be published in the conference official list of participants and on the conference website unless you tick the box bellow.

I do NOT wish my name and address to appear in the conference official list of participants, nor the conference website nor used for commercial purposes.

### B INFORMATION ABOUT THE PARTICIPANT

Specialisation (tick all that apply)

- NURSE  TECHNICIAN  
 PHYSICIAN ASSISTANT / NURSE  TRANSPLANT CO-ORDINATOR  
 DIETICIAN  MANAGER  
 SOCIAL WORKER  PHYSICIAN  
 EDUCATION  SCIENTIST

Treatment fields (tick all that apply)

- HAEMODIALYSIS  GENERAL NEPHROLOGY  
 PERITONEAL DIALYSIS  EDUCATION  
 TRANSPLANTATION  MANAGER  
 PAEDIATRICS  PHYSICIAN  
 PRE-DIALYSIS  SCIENTIST

OTHER

OTHER

YEARS IN HEALTHCARE

YEARS IN RENAL

### C YOUR PREFERRED LANGUAGE FOR EDTNA/ERCA CONFERENCE (please tick one box only)

- ENGLISH  GERMAN  GREEK  SPANISH  ITALIAN



## BEST RETURN BEFORE 1 JULY 2010

### D EDTNA/ERCA MEMBERSHIP FEES (see details in the Preliminary programme)

	MEMBERSHIP FOR 1 YEAR				MEMBERSHIP FOR 3 YEARS				
	Member	Global member	Associate member	European EEC member	Member	Global member	Associate member	European EEC member	
MEMBERSHIP	<input type="checkbox"/> 60 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 60 €	<input type="checkbox"/> 20 €	<input type="checkbox"/> 170 €	<input type="checkbox"/> 255 €	<input type="checkbox"/> 170 €	<input type="checkbox"/> 60 €	
E-MEMBERSHIP	<input type="checkbox"/> 40 €	<input type="checkbox"/> 40 €	<input type="checkbox"/> 40 €	<input type="checkbox"/> 10 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 30 €	
					TOTAL:	<input type="text"/>			€

### E CONFERENCE REGISTRATION FEES

	BEFORE 1 JULY 2010	BETWEEN 1 JULY 2010 AND 20 AUGUST 2010	AFTER 20 AUGUST 2010 AND ON-SITE
EDTNA/ERCA MEMBER	<input type="checkbox"/> 360 €	<input type="checkbox"/> 420 €	<input type="checkbox"/> 460 €
NON MEMBER	<input type="checkbox"/> 560 €	<input type="checkbox"/> 650 €	<input type="checkbox"/> 690 €
STUDENT	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €
ACCOMPANYING PERSON (Price per 1 person)	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €
LAST NAME / FAMILY NAME	<input type="text"/>		FIRST NAME <input type="text"/>
LAST NAME / FAMILY NAME	<input type="text"/>		FIRST NAME <input type="text"/>
			TOTAL: <input type="text"/> €

Please note: after 1 July you may not apply for members registration fee if you are not a current member. Registration fees are net and exempt of Irish value added tax.

**TOTAL AMOUNT TO BE PAID (D + E)**

 €

### F PAYMENT AND CANCELLATION CONDITIONS

All cancellations must be notified in writing to the Conference Department  
Up to 15 June 2010 - 100 € will be withheld for administrative fees. Between 16 June and 20 August 2010 - reimbursement of 50 % of the fees paid.  
After 10 August 2010 - no refund can be processed.

BY BANK TRANSFER

BY CREDIT CARD

**Beneficiary:** EDTNA/ERCA  
**Beneficiary address:** Pilatusstrasse 35, CH 6003 Lucerne, Switzerland  
**Bank address:** UBS AG, Bahnhofplatz 2, CH 6003 Lucerne, Switzerland  
**Account number:** 0248-429279.60J  
**IBAN:** CH700024824842927960J  
**SWIFT/BIC:** UBSWCHZH80A

VISA  EC/MC

Card holder's name   
Card number   
Expiration (MM/YYYY)  /   
Must exceed 09/2010  
CVC code \*

After 31 August 2010 you are kindly requested to make all payments via credit card exclusively or to register on-site. Do not forget to include PRN to bank transfer as variable symbol to identify your payment.

OPTIONAL - in case it is necessary for authorisation purposes.

\* last 3 digits on the back of the card

For your booking/registration to the above mentioned Conference the collecting, saving and processing of your personal data is imperative. This is done solely as a means to the organisation and completion of the event. Your data will only be passed onto a third party, who is directly involved with the running of the Conference and when the organisational procedure makes this necessary (operator, hotel).

I hereby accept all registration conditions of the conference (please visit conference website) and agree with the payment corresponding to my request.

DATE

SIGNATURE