

CONFERENCE REGISTRATION FORM
Human Rights and Biomedicine

*Please print and return by e-mail, regular mail or fax.
Please note that this is how you will be indicated on your badge and the list of participants.*

Date: 10 - 12 December 2008
Place: Rotterdam

1. Participants information

Family name: _____

Title: _____ Prof. Dr. other: _____ Mr. Ms.

Mrs.

First name: _____

Organisation: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Conference Fee

Conference fees include admission to conference sessions, proceedings, registration materials and entrance to the reception.

Full conference fee: Conference 10, 11 and 12 December 2008	75 Euro
One day fee*	50 Euro
Student conference fee**	25 Euro

* Workshop participation and poster presentation require the registration for the conference. Participants can choose to join one or more sessions. Descriptions of the available workshops are on the website.

** Please include a copy of your valid student card.

I will participate in the following sessions:

1 Setting the scene: Human Rights Day	2 Equitable access to health care	3 Bioethics in post-communist countries	4 Clinical trials
5 Training on the convention	6 Genetics and health care rights / Organ transplantation	7 Patients rights	8 Feminist Bioethics

Subscribe for the lunch, € 12,50 per day (optional):

Wednesday, December 10th Thursday, December 11th Friday, December 12th

3. Payment

Conference fee: Euro _____

I will pay the amount by bank.

Payment information

Bank: ABN AMRO Bank
P.O. Box 949, 3000 DD Rotterdam, the Netherlands
Account holder: Erasmus MC / iBMG
P.O. Box 1738, 3000 DR Rotterdam, the Netherlands
IBAN: NL11ABNA0461587084
BIC: ABNANL2A

** Please state 'Biomedicine Convention 2008' and the full name of the participant on the bank transfer. Payments should be made in EURO and without charges to the beneficiary.*

4. Additional Instructions

Deadlines: Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than **November 1st, 2008**. Please use one form per person. If you should have problems registering, please contact the Conference Office at biomedicineconvention@bmg.eur.nl

Payment Information: Registration forms must be accompanied by full payment in order to be processed. No registrations will be accepted by telephone.

Refund policy: The Conference Office should be notified of cancellations in writing. If the Conference Office receives cancellations before September 1, 2008, the total conference fee will be refunded, less 25 euro administration costs. After September 1, 2008 no refunds will be made. Please note that refunds will only be made after the conference. 'No shows' are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for such a change.

Confirmation: Please allow up to 10 days for mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form.

Date: _____ / _____ / _____

Signature: _____

Return address:

Conference Office Human Rights and Biomedicine
Erasmus MC / iBMG
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3000 DR Rotterdam
The Netherlands
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Fax + 31 10 408 90 94
E-mail biomedicineconvention@bmg.eur.nl