

**Microcirculation and Mitochondrial Dysfunction in Intensive Care Medicine**

Saturday, 24 September 2005, Okura Hotel, Amsterdam, The Netherlands

**Personal Details**

Title (eg Dr)  Initials  Name

Institute

Address

Phone  Fax

E-mail

Member of  None  ESICM  SCCM  NVIC  ESM  NVF

**Registration**

## Members\*

## Non-Members

- |  |         |  |         |
|--|---------|--|---------|
| <input type="radio"/> Paid before 23 July 2005 | € 198,= | <input type="radio"/> Paid before 23 July 2005 | € 239,= |
| <input type="radio"/> Paid after 22 July 2005  | € 215,= | <input type="radio"/> Paid after 22 July 2005  | € 269,= |
| <input type="radio"/> Paid on site             | € 265,= | <input type="radio"/> Paid on site             | € 329,= |

\* Requires membership of ESICM or SCCM or NVIC or ESM or NVF

**Payment**

- Credit Card  VISA  Mastercard  AMEX  Discover

Credit Card Number Expiration Date CVC Code\* 

- Bank Transfer\*\* Please transfer the amount due to ABN AMRO account number 46.02.79.823 (SWIFT/BIC: ABNANL2A) in favour of the Research Foundation OTT, Amsterdam, The Netherlands

\*The CVC is the last 3 digits of the number on the back of the card

\*\* Please state the full name of the participant on the bank transfer. Bank transfers should be made without charges to the beneficiary.

**Signature and refund information**

By signing this registration form I commit myself to full payment of the registration fee. A refund minus €29,= administration costs will only be issued if cancellations are received in writing before 1 August 2005.

Date Signature **Return Address**

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