

ISCEV 2002 REGISTRATION FORM

JULY 16-20, 2002



Mail to: ISCEV 2002 secretariat
Kapucijnenvoer 33, B 3000 Leuven,
BELGIUM
or Fax to: + 32 16 33 23 91
www.kuleuven.ac.be/iscev

DELEGATE

FAMILY NAME	FIRST NAME AND INITIALS	TITLE
INSTITUTION		
CITY	ZIP	COUNTRY
TEL.	FAX	
EMAIL ADDRESS		NAME (as you would like it on your badge)

Accompanying persons

Name First person _____		Name Second Person _____	
<i>Youth and child registration</i>			
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Registration

	Before April 30, 2002	After April 30, 2002
Member	€ 495	€ 550 _____
Non-Member	€ 560	€ 625 _____
Accompanying person	€ 375	€ 420 xperson _____
Children (< 12 y)	€ 325	€ 360 xperson _____
		Total : _____

Payment Options

VISA <input type="checkbox"/> or Mastercard <input type="checkbox"/>											
Card number	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
	Expiry date: _____										
Name as it appears on card _____	Signature _____										

I have submitted or will be submitting an abstract	<input type="checkbox"/> Yes <input type="checkbox"/> No
I would like to present a case report at the Clinical Cases Session	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have applied for an ISCEV Travel Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am under 34 and I wish to be considered for the E.Dodt Award	<input type="checkbox"/> Yes <input type="checkbox"/> No

40th ISCEV meeting