



Molecular Brain Imaging in Early Alzheimer's disease

February 2 & 3, 2006

REGISTRATION FORM

Lecture Halls (Auditorium 1) Copenhagen University Hospital

Send or fax this form to Workshop Secretariat, Rigshospitalet, Section 52-2-2, Blegdamsvej 9, DK-2100 Copenhagen O, Denmark, Phone: +45 3545 5247 Fax: +45 3545 6528 E-mail: susan.svenningsen@rh.hosp.dk
(Please fill in with block letters or type)

Name:	
Institute:	
Address:	
Postal code / City:	
Country:	
Phone:	
E-mail:	

PARTICIPANT FEES (please tick appropriate)

- NCI-MCI CONSORTIUM MEMBER DKK 0,00** **NON MEMBER DKK 400,00**

The fee includes access to the meeting, lunches and coffee/tea breaks.

- CONFERENCE DINNER DKK 200,00**

The dinner will take place on February 2nd. Please indicate if you wish to participate.

Hotel accommodation; a block of hotel rooms has been pre-reserved. Please e-mail the secretariat for reservations.

METHOD OF PAYMENT (please indicate)

- DKK _____ to be charged to credit card: Dankort Eurocard Master Visa Access
(Danish legislature requires that the amount be stated)

Card No. ___/___/___/___ Expiry date: ___/___ Control code* ___
(* The three last digits printed on the back of your credit card.)

Name of cardholder (as it appears on card) _____

Date: _____ Signature of cardholder: _____

- The payment has been transferred to Nordea Bank Danmark A/S, Postbox 840, DK-0900 Copenhagen C, Denmark account no.: **2149-7555 464 155** reference to H:S Rigshospitalet, **NCI-MCI meeting**, SWIFT: NDEADKKK. IBAN: DK7020007555464155

- Payment enclosed by banker's draft or cheque drawn on a Danish bank

IMPORTANT NOTICE: Do not forget to indicate the participant name and reference to NCI-MCI meeting on all money transfers. All payments made **must be exempt of charges to the recipient.**