

REGISTRATION

EAPB Special Interest Group: Regenerative Medicine / Regulatory Aspects for Biopharmaceuticals

Deutsche Messe AG · Messegelände · 30521 Hannover · Germany

Fax to: **+49 511 89 30998**

Participant:

Title/First name/Surname	Job title
Company/Institution/University	Business sector
Department/Faculty	
Street address/P.O. box	Postal code/City/Country
Phone	Fax
E-mail	

Different billing address:

Company/Institution/University	Department/Faculty
First name/Surname	
Street address	Postal code/City/Country

I hereby submit a binding registration for the EAPB Workshops on Monday, 4 October 2010, 14:00-17:30 hrs

Participation fee Non-Member EAPB: 150,00 EUR ^{1,2} EAPB Members: 50,00 EUR ^{1,2}

I will attend following workshop:

Workshop "Regenerative Medicine" Workshop "Regulatory Aspects for Biopharmaceuticals"

Please note that you can attend the other workshop free of charge.

Possibility to attend the BIOTECHNICA OPENING CEREMONY on Monday, October 4, 6.00 p.m. – Convention Center (CC), room 1

I will attend I'm not able to attend

Payment method for registration fees:

By bank transfer (after receipt of invoice) By credit card: Visa Amex Diners Mastercard

Card Number: Expires: /

- I hereby accept the conditions for Participation
 I hereby consent to my name and company appearing in a list of participants (without address)

Name: _____ Place/Date: _____ Signature: _____

¹ Rates includes BIOTECHNICA ticket for one day
² No VAT requested according to § 4 (22) UStG