

REGISTRATION

for the 5th Specialist Conference of the IVS
23rd and 24th June 2007 – Stadthalle Fürth

Return to:

Institut für Verhaltenstherapie,
Verhaltensmedizin und Sexuologie (IVS)
Nettelbeckstr. 14

D-90491 Nürnberg

Or return fax to :

+49 911 / 599 536

PLEASE USE CAPITAL LETTERS 1 REGISTRATIONFORM PER PERSON	
Personal details	<input type="radio"/> Private address or <input type="radio"/> Institute- / Clinic- / Practice
Mr / Ms	Name / First Name
Academic Title	Institute/ Clinic / Practice etc.
Department / Clinic	
Street	House-Nr. Country (intern. Abrev..)
Postcode	City

We need full legible details for your registration!		
Intern. Code	City Code	Telephone-Number (during working hours)
Mobile-Number	Fax-Number	
E-mail-Address		

Fee * incl. catering	Registration until 15.04.2007	Registration after 15.04.2007	Weekend box-office (if tickets are still available)	Cancellation fee incoming mail ***	
				until 05.06.07	after 06.06.07
	early bookers 180 €	240 €	290 €	50 €	Full Price
Students **	early bookers 90 €	120 €	145 €	25 €	
Participants of the IVS training	No Fee				

* I need a simultaneous translation of the **German talks into English**

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

*** There will be a refund minus the cancellation fee. If the registration goes to a third person, there will be an administrative charge of 15 €.

Modes of Payment	
<input type="radio"/> payment by check: checks can only be accepted up to four weeks before the conference! EU-Countries: Eurocheque in € Non-EU-Countries: certified bankcheques in € payable to a German bank Fee for non German cheques à 15,- € Pay full amount of registration by cheque and send in, together with your registration form, by post.	
<input type="radio"/> Zahlung per Abbuchungsauftrag: ONLY FOR PARTICIPANTS FROM GERMANY <i>Mit meiner nachstehenden Unterschrift ermächtige ich das IVS widerruflich, die Teilnahmegebühr per Lastschrift zu Lasten meines Girokontos einzulösen. Weist mein Konto die erforderliche Deckung nicht auf, besteht keine Verpflichtung, die Lastschrift einzulösen. Für den Fall der Nichteinlösung durch mangelnde Kontodeckung verpflichte ich mich, dem IVS die dadurch entstandenen Kosten zu erstatten.</i>	
Konto-Nr.:	Bankleitzahl:
<input type="text"/>	<input type="text"/>
Bankinstitut:	
<input type="text"/>	
Kontoinhaber:	
<input type="text"/>	

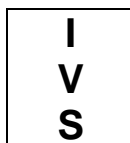
You will find addresses for accommodation on our homepage (www.ivs-nuernberg.de) and on the Fürth homepage (www.fuerth.de). We are also happy to help if you wish. Please give the following details:

Accommodation
<input type="radio"/> I am organizing my own accommodation.
<input type="radio"/> I need a hotel guide for Fürth und Nürnberg.

Terms and Conditions:
<p>Yes, Registration forms sent by fax will be confirmed, as soon as payment has been made.</p> <p>No, Registration on the phone or by e-mail is not possible..</p> <p>Bookings will only be confirmed when the total amount of the attendance fee is credited on the IVS-account.</p> <p>I hereby accept these conditions.</p> <p>Date: _____ Signature: _____</p>

Messages to the IVS:

Trägerschaft:
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 Verhaltensmedizin und Sexuologie e.V.
 Nettelbeckstraße 14, 90491 Nürnberg
 Tel./Fax: +49 (911) - 599536



Institut für Verhaltenstherapie
 Verhaltensmedizin und
 Sexuologie
 - staatlich anerkannt -

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www.ivs-nuernberg.de
 zertifiziert n. ISO 9001:2000

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