

cGMP 2017
8th International Conference on cGMP
Generators, Effectors and Therapeutic Implications
BAMBERG / Germany, June 23-25, 2017

Please complete this form in block letters or typewritten and return it to:
GKV mbH - cGMP Registration Office/ PO Box 10 06 19 - D 63006 Offenbach
Phone +49-69-829794-15 Fax +49-69-829794-33 Email cgmp@gkv-touristik.de
Congress website: www.cyclicgmp.net

REGISTRATION FORM

PARTICIPANT INFORMATION

Prof. Dr. Mr. Mrs. Date of birth _____
Family name _____ First name _____
Institution _____ Department _____
Street _____ Country _____
ZIP Code/City _____ Phone _____
Email :

REGISTRATION FEE (registration fee includes arrangements as outlined on the congress website)

standard registration fee	€ 600,00	€ _____
reduced STUDENTS fee	€ 450,00	€ _____
accompanying persons fee, includes: Welcome Reception, Guided City Walk, Award Dinner	€ 250,00	€ _____
single day ticket, pls advise date: June _____ no participation in award dinner or sightseeing included	€ 150,00	€ _____
Total amount		€ _____

All cancellations must be faxed, electronically mailed or post-marked. Refunds will be as follows:

Received by the registration office before June 7, 2017 - 50% refund of registration fee
Cancellations received after June 7, 2017 will be non-refundable.

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Participant's Name _____

page 2

PAYMENT - payable in euros to GKV -cGMP Registration office (account holder)

Please indicate the total amount to be charged and preferred mode of payment.

Total amount to be charged: € _____

BANK TRANSFER (accepted until May 29thth)
IBAN : DE51 5056 1315 0303 2888 70 BIC: GENO DE 51 OBH
VVB MAINGAU ; Seligenstaedter Str. ; D 63179 Obertshausen
Account holder : GKV-cGMP

CREDIT CARD PAYMENT

American Express Visa Mastercard

Card Number _____

Date of exp. _____

Cardholders name _____
(signature of cardholder mandatory for cc payment)

Liability

The Congress Organizers cannot accept liability for personal accidents or loss or damage to private property of participants either during or directly arising from the 8th International Conference on cGMP.

I hereby accept the conditions of registration outlined

Signature

Date