

**REGISTRATION & ACCOMMODATION FORM**  
**2<sup>nd</sup> Pan-European Conference on Haemoglobinopathies**  
**Berlin, 13–14 March 2010**

(Please ✓ boxes or delete as appropriate) - **PLEASE WRITE IN BLACK BOLD CAPITALS**

Family name \_\_\_\_\_ First name \_\_\_\_\_

Title (Mr, Ms, Dr, Prof) \_\_\_\_\_ Specialisation \_\_\_\_\_

Institution \_\_\_\_\_

Full address (incl. postcode & country) \_\_\_\_\_

\_\_\_\_\_

Telephone (incl. all dialing codes) \_\_\_\_\_ Mobile / cellphone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Passport no. \_\_\_\_\_ Expiry date \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Do you need a visa to enter Germany? Yes  No

**Emergency contact:** Please supply the details of someone who can be an emergency contact for the period of the event.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Tel. no. \_\_\_\_\_ Mobile / cell phone no. \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**ACCOMMODATION**

Courtyard by Marriott, Berlin City Center Hotel 4\*, Axel-Springer-Strasse 55 Berlin

Please note the hotel rate is on a bed & breakfast basis and also includes the gala dinner on 13 March 2010.

Single room @ €140/night  Double/Twin room @ €160/night  No. of nights \_\_\_\_\_

Superior single room @ €170/night  Double/Twin room @ €200/night  No. of nights \_\_\_\_\_

I will be sharing a room  Please give name of person: \_\_\_\_\_

I do not require accommodation

**GALA DINNER**

Gala dinner is included for delegates staying at Courtyard by Marriott, Berlin City Center Hotel.

Delegates staying outside Courtyard by Marriott, Berlin City Center Hotel will be charged with additional 35€ to attend the gala dinner.

I will be attending the gala dinner

I am staying outside Courtyard by Marriott, Berlin City Center Hotel and I will be attending the gala dinner

**SPECIAL DIETARY REQUIREMENTS**

Vegetarian  No pork  No beef  No fish

Other : \_\_\_\_\_

Any other special requirements or health condition we should know about: \_\_\_\_\_

**TRAVEL INFORMATION**

Arrival date: \_\_\_ / \_\_\_ / \_\_\_ Flight No. \_\_\_\_\_ Time of arrival \_\_\_\_\_

Departure date: \_\_\_ / \_\_\_ / \_\_\_ Flight No. \_\_\_\_\_ Time of departure \_\_\_\_\_

**Note:** Early booking of flights is recommended because Berlin is a very busy city with many events taking place at the same time. To facilitate your travel bookings (by air or train) TIF recommends Hotel Express Cyprus Ltd. Contact details: Alla Topal, Tel: +357 22455666 , Fax: +357 22455667, e-mail: [events@hotel-express.com.cy](mailto:events@hotel-express.com.cy)

**REGISTRATION FEE**

The conference registration fee includes entrance to the conference, conference materials, lunch & coffee breaks during the conference. Note that travel grants are available – see TIF’s website. The early bird registration fee applies for registrations before **10 December 2009**.

Delegate category	Early bird registration (€) Before 10.12.2009	Standard registration (€) After 10.12.2009
Patient / parent	Free	Free
Medical specialist	100	150
Other health professional (e.g. nurse, social worker, psychologist, lab technician, etc.)	50	100
Student	50	100
Industry representative – TIF Associate Member	700	750
Industry representative – non-member of TIF	900	950
Other	50	100

I (full name) \_\_\_\_\_ hereby enclose:

Registration fee	€
Accommodation charges (for the total number of nights) *e.g 2 nights for single use (€140/night = €280)	€
Gala dinner (only for delegates staying outside Courtyard by Marriott, Berlin City Center Hotel for 35 €)	€
<b>TOTAL</b>	€

## METHOD OF PAYMENT

<input type="checkbox"/> <b>By cheque</b>  Please find enclosed my cheque payable to: <b>THALASSAEMIA INTERNATIONAL FEDERATION</b>	<input type="checkbox"/> <b>By bank transfer</b> (all bank charges are the responsibility of the participant) Please enclose bank payment slip.  I made a bank transfer on: _____(date) to:  Thalassaemia International Federation Bank of Cyprus Account No. <b>0125-02-000495-00</b> IBAN No. <b>CY77 0020 0125 0000 0002 0004 9500</b> SWIFT BIC: <b>BCYPCY2N</b> Nicosia, CYPRUS
<input type="checkbox"/> <b>By credit card</b> Type of card: Visa <input type="checkbox"/> Eurocard <input type="checkbox"/> Mastercard <input type="checkbox"/>  Card number: ..... CVV2 code <input type="text"/> (3-digit security code)  Amount in euros: €.....  Name as on card: ..... Expiry Date ___ / ___  Signature of card holder: ..... Date: .....	

## CANCELLATION REQUESTS

All cancellation requests must be made in writing. No phone cancellations will be honoured.

### Hotel accommodation

Due to the conditions attached to block bookings, a refund minus 25% admin fee will be made for cancellations before 10 December 2009. For cancellations before 10 January 2010, a refund minus 50% will be made. Note that no refunds will be made for hotel cancellations after 10 January 2010.

### Registration fee

For cancellations made before 10 February 2010, the full amount of the registration fee will be refunded. For cancellations made before 10 February 2010, a 25% reduction will be made.

The conference registration can be transferred to another person with notice of the name change to the conference organiser.

**Please return this form by mail, fax or e-mail to:**

**“2<sup>nd</sup> Pan-European Conference on Haemoglobinopathies”**

**Thalassaemia International Federation**

**PO Box 28807, 2083 Nicosia, Cyprus**

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**Tel: +357 22 319 129**

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