

**33rd Annual Congress European Prosthodontic Association**  
in conjunction with the Austrian Dental Congress  
**October 1 – 3, 2009 – Congress Innsbruck - Austria**



**REGISTRATION FORM**

Please return this form to:

PCO tyrol congress \* Rennweg 3\* A-6020 Innsbruck \* Austria  
Tel.: +43 (0)512 5936-161 \* Fax: +43 (0)512 57 56 07 \* email: [zaek2009@come-innsbruck.at](mailto:zaek2009@come-innsbruck.at)

**A. DELEGATE DATA** (please use a typewriter or write in block capitals:)

Mrs.     Mr.     Acad. title

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Last name \_\_\_\_\_ First name \_\_\_\_\_

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Organisation /Institution/Company \_\_\_\_\_

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Department \_\_\_\_\_

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Address \_\_\_\_\_

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ZIP code, City \_\_\_\_\_ Country \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

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e-mail \_\_\_\_\_

**B. REGISTRATION FEES**

	pre-registration by July 3, 2009	pre-registration July 4 - Sept 25, 2009	on-site registration
<input type="checkbox"/> EPA Member*	€ 330,-	€ 390,-	€ 410,-
<input type="checkbox"/> Non-member	€ 380,-	€ 440,-	€ 460,-
<input type="checkbox"/> Dental Technician	€ 250,-	€ 300,-	€ 320,-
<input type="checkbox"/> Dental Student*(written proof by Head of dpt.)	€ 50,-	€ 80,-	€ 90,-
<input type="checkbox"/> Accompanying Person	€ 60,-	€ 80,-	€ 80,-

The registration fee includes: scientific programme, conference materials, coffee breaks, lunches and the Welcome Reception. An extra fee will be payable by all participants for the Gala Dinner.

**CANCELLATION CONDITIONS:**

Notification of cancellation must be sent in writing to PCO TYROL CONGRESS. For cancellations received before Sept 1, 2009 payments will be refunded minus bank charges and a handling fee of € 50.--, between Sept 1, 2009 and Sept 15, 2009 reimbursement of 50 % of the fees. After Sept 16, 2009 NO refund. Another participant can be nominated. Please note that for organisational reasons, all refunds will be processed after the meeting.

**C. SOCIAL EVENTS:**

		number of persons	price per person	total €
Oct. 1, 2009, 10.00	<b>Innsbruck City Tour</b> <i>(min.no of participants: 20 persons)</i>		€ 33,-	
Oct. 1, 2009, 19.30	<b>Welcome reception</b> Hofgarten		included	
Oct. 2, 2009, 09.00	<b>Swarovski Crystal Worlds</b> <i>(Min. no of participants: 20 persons)</i>		€ 36,-	
Oct. 2, 2009, 20.00	<b>Gala Dinner</b> <i>(limited no of participants)</i> „Orangerie Congress Innsbruck“		€ 75,-	

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**D. HOTEL ACCOMMODATION (RESERVATION DEADLINE: AUGUST, 31, 2009)**

Yes, please make a reservation in my name as follows

No, I do not require any hotel reservation

Prices are per night/room, incl. breakfast, service and all taxes

Category	Single room/bath/shower/WC	Double room/bath/shower/WC
<input type="checkbox"/> A	€ 150.00 to 190.00	€ 190.00 to 250.00
<input type="checkbox"/> B	€ 90.00 to 140.00	€ 130.00 to 180.00
<input type="checkbox"/> C	€ 70.00 to 85.00	€ 90.00 to 120.00
<input type="checkbox"/> D (lim. avail.)	€ 50.00 to 65.00	€ 72.00 to 85.00

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Arrival at the hotel after 06.00 p.m.  Yes, around .....  no

**PLEASE NOTE THAT HOTEL RESERVATION WILL BE PROCESSED ONLY IF GUARANTEED BY A CREDIT CARD.**

Please note that your credit card will not be charged in advance for the hotel payment. It only serves to guarantee your reservation. All payments have to be made directly to the hotel.

The number of nights booked is binding and will serve as the basis for your hotel invoice.

Please note that, in case of early departure, the hotel is entitled to charge all nights booked.

For cancellations received after August 31, 2009 we retain the right to debit cancellation fees to your credit card or to pass on your credit card details to the hotel (minimum cancellation fee is 1 night and may be up to 100% depending on the cancellation date).

Only written cancellations will be accepted.

**E. TERMS OF PAYMENT:**

a) Payment of fees by banktransfer to account no: **440-03.808.888**, Account name: „**“ZAEK-EPA 2009” c/o Congress und Messe Innsbruck GmbH**, with Raiffeisen Landesbank Tirol, Branch code: **36000. IBAN: AT72 3600 0440 0380 8888, BIC/SWIFT: RZTIAT22** (please make sure to clearly state the participant's name on the transfer slip. All bank charges have to be born by the sender. Do not forget to indicate IBAN and BIC/SWIFT)

b) I duly authorise you to charge my credit card for payment of the conference fees

c) I give my credit card details *only to guarantee* for the hotel reservation and acknowledge that it will not be charged unless cancellation fees apply (no hotel reservation will be processed if not guaranteed by a credit card)

Card type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DINERS	<input type="checkbox"/> AMERICAN EXPRESS
Card number:	_____			Expiry date: _____
Card holder:	_____			
	Signature: _____			

**I hereby understand and agree to the terms and conditions set forth above and on the conference website.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_