



BIOPARADIGMS™
ADVANCED BIOTRANSPORTER RESEARCH

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BioParadigms
Institute of Biochemistry and
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University of Berne
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Patrizia Catucci
Conference Coordinator

**Registration
BioMedical Transporters 2013
August 11-15, 2013**

Please complete the following form, print, sign where indicated, and return to Patrizia Catucci via fax at +41 31 631 34 10. You will receive an email confirmation once your registration has been processed.

Conferee Information:

Speaker **Attendee**
 Prof. **Dr.** **Mr.** **Mrs.**

First Name: _____

Middle Initials: _____

Last Name: _____

Title: _____

Affiliation, Institution: _____

Department: _____

Building: _____

Street Address: _____

City: _____ **State:** _____

Postal Code: _____ **Country:** _____

Phone: _____ **Fax:** _____

Email: _____

Registration Package Entire Conference (August 11-15, 2013)

The registration package includes the following:

1. Reception Apéro on Sunday evening
2. Lunches
3. Beverages and coffee during breaks
4. Apéro at the Wednesday evening poster session
5. Novel SLC Review Series 2013 (double issue), Journal Molecular Aspects of Medicine

Note: Single day registrations are not available.

Please select the appropriate conferee registration fee:

- | | |
|--|----------|
| <input type="radio"/> Invited Speaker | CHF 0 |
| <input type="radio"/> TransCure Members | CHF 100 |
| <input type="radio"/> Academic Conferee (Before Mai 16, 2013) | CHF 550 |
| <input type="radio"/> Academic Conferee (After Mai 16, 2013) | CHF 600 |
| <input type="radio"/> Industry Conferee (Before Mai 16, 2013) | CHF 1500 |
| <input type="radio"/> Industry Conferee (After Mai 16, 2013) | CHF 1800 |
| <input type="radio"/> Student/Pre-doctoral (Before Mai 16, 2013) | CHF 250 |
| <input type="radio"/> Student/Pre-doctoral (After Mai 16, 2013) | CHF 300 |

Please click here if you are vegetarian (for catering purposes):

Special Excursion Piz Corvatsch/Dinner:

I would like to participate at the Special Excursion Piz Corvatsch/Dinner on Tuesday, August 13, 2013. The costs amount to CHF 150 per person, including bus ride(s), cable train and dinner with beverages.

- | | |
|--|---------|
| <input type="checkbox"/> Attendee | CHF 150 |
| <input type="checkbox"/> Accompanying Person 1 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 2 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 3 | CHF 150 |

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

We do not walk to Surlej (1.5 h) and would like to take the bus (nr of people): _____
(Bus ride in the evening back to St. Moritz is organised for everybody)

Special Farewell Dinner at the Hotel Waldhaus am See

I would like to participate at the Hotel Waldhaus am See Special Farewell Dinner/Entertainment on Thursday evening, August 15, 2013. The costs amount to CHF 150 per person. Including apéro, dinner, excellent wine, non-alcoholic beverages and traditional Swiss folklore music.

- | | |
|--|---------|
| <input type="checkbox"/> Conference Attendee | CHF 150 |
| <input type="checkbox"/> Accompanying Person 1 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 2 | CHF 150 |
| <input type="checkbox"/> Accompanying Person 3 | CHF 150 |

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

I would like to make a reservation for my Accompanying Person for the Sunday evening Reception Apéro . (Includes food and beverages)

- Accompanying Person 1 CHF 40
 Accompanying Person 2 CHF 40
 Accompanying Person 3 CHF 40

Name of accompanying person 1: _____

Name of accompanying person 2: _____

Name of accompanying person 3: _____

Total amount to be charged:

CHF

Credit Card Type (Please select):

Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Terms for cancellations: Until June 1, 2013, the registration fee, less CHF 80 for administration charges, will be refunded. After this date, no refunds will be made for cancellations. All refunds will be made after the congress. **If these terms are acceptable to you, please sign below. Signature is also permission to charge credit card total amount listed above.**

Signature: _____ Date: _____