

CME (Continuing Medical Education) Credit 2010 RESCUE Conference

Application Form for

“What is new in Europe in the field of regenerative medicine? “

Approved by EACCME (European Accreditation Council for Continuing Medical Education)

You can send this form per fax or mail to

Contact and Conference Management: Tel.-Fax: +49-641-490-244

Postmail Address: Grünbergerstr. 124 ISPIe.V.-AG Chen, D-35394 Giessen, Germany

Email: rescue.society@gmx.de,

Homepage: <http://www.rescue-society.org/>

Title: _____ Given name: _____ Family name: _____

Email: _____

Institution-affiliation: _____

Address: _____

Credit hours required: _____

Credit fee:

100 EUR for RESCUES member,

200 EUR for non-RESCUES member,

+ **Conference registration fee** / meeting (obligatory)

Conference 2010: Monday-Tuesday, 8-9 November 2010

Total amount paid: _____

Terms of Payment

The currency can be EUR, GBP, CHF.

Cash

Check: Personal-, travel-, bank-check

Bank transfer

to:

Bank Name: Credit Suisse

Postmail address: St. Alban-Graben 1-3, Postfach 2560, CH 4002 Basel, Switzerland

BIC (SWIFT-Code): CRESCHZZ40A

Account Nr.: 0060 50673 52 (for EUR) / 0060 50673 51 (for CHF) / 0060 50673 52 3 (for GBP)

Account Name: Rescue Society, CHEN-WÜ

IBAN: CH95 0406 0005 0673 5200 0 (for EUR) / CH32 0406 0005 0673 5100 0 (for CHF) /

CH14 0406 0005 0673 52 00 3 (for GBP)

***Credit Card:** _____ **Visa** _____ **Master Card (*outsource)**

Card Holder's name _____

Card number _____ Expiry Date (MM/YY) _____

Card Security Code _____ (last 4-digit/3-digit code on the card back side)

Signature _____