



CONGRESS REGISTRATION FORM

Please return before February 14, 2011

Please complete in capital letters and return to: TBI 2011 c/o Vienna Medical Academy Alser Strasse 4, 1090 Vienna, Austria
Tel: +43 1 405 13 83 11 - Fax: +43 1 407 82 74 - E-mail: tbi2011@medacad.org. **Online registration: www.tbi-challenge.eu**

PERSONAL DATA

Last name _____ First Name _____ Title _____

Institution/Department/Hospital _____

Address _____

ZIP Code _____ City _____ Country _____

Phone _____ Fax _____

E-mail _____

REGISTRATION FEES (in EURO)

Please do not return registration form after February 14, 2011. After this date only on-site registration will be possible.

Payment Received:	before December 10, 2010	after December 10, 2010 and onsite
BIF or National TBI Assoc Member Professional**	<input type="checkbox"/> 270,-	<input type="checkbox"/> 350,-
Non-Member, Professional	<input type="checkbox"/> 330,-	<input type="checkbox"/> 400,-
BIF or National TBI Assoc Member Family / TB Injured***	<input type="checkbox"/> 120,-	<input type="checkbox"/> 180,-
Non-Member Family / TB Injured***	<input type="checkbox"/> 150,-	<input type="checkbox"/> 200,-
Student	<input type="checkbox"/> 150,-	<input type="checkbox"/> 200,-
Professional in Training	<input type="checkbox"/> 200,-	<input type="checkbox"/> 270,-
Accompanying Person(s) _____ Persons	<input type="checkbox"/> 90,-	<input type="checkbox"/> 90,-
<input type="checkbox"/> My accompanying person(s) will attend the Welcome Reception, Wednesday, February 23, 2011		
<input type="checkbox"/> My accompanying person(s) will attend Mayor's Invitation – Cocktail at Town Hall, Thursday, February 24, 2011		
<input type="checkbox"/> My accompanying person(s) will attend the Farewell Drinks, Saturday, February 26, 2011		

*, **, *** Please see website www.tbi-challenge.eu

SOCIAL EVENTS

<input type="checkbox"/> Wednesday, February 23, 2011 Welcome Reception	Included for 1 participant	No Fee, but registration is mandatory
<input type="checkbox"/> Thursday, February 24, 2011 Mayor's Invitation – Cocktail at the Town Hall	Included for 1 participant	No Fee, but registration is mandatory
<input type="checkbox"/> Saturday, February 26, 2011 Farewell Drinks	Included for 1 participant	No Fee, but registration is mandatory

TOTAL – Please fill in the total amount of registration fee _____

METHODS OF PAYMENT

Bank transfer **free of charge for the beneficiary** to the Congress Bank Account: "VMA – TBI 2011", Account No. 286 274 963 51, Bank/Routing code: 20111, **IBAN AT88 20111 28627496351**, SWIFT GIBAATWW, at the "Erste Bank", Alser Strasse 23, 1080 Vienna, Austria

Cheque **in Euro, free of charge for the beneficiary**, payable to the TBI 2011, c/o Vienna Medical Academy, Alser Strasse 4, 1090 Vienna, Austria

Credit card Visa MasterCard Diners Club

Card no:/...../...../..... CVV2/CVC2 Code* _____ Expiry Date _____

Name of Cardholder _____ Signature _____

*The **CVV2/CVC2** is a 3-digit security code printed on the back side of your card. The number appears in reverse italic at the top right end of the signature panel behind the last 4 digits of your card number. This helps us to fight fraud in the "card-not-present transactions". Thank you!

Date _____ Signature _____