

International Symposium on Translational Approaches to Autoinflammatory Diseases

15th + 16th May 2014, Münster

REGISTRATION

- | | |
|---|---------|
| <input type="checkbox"/> I register for the meeting (registration fee 120,- €) | _____ € |
| <input type="checkbox"/> I will join the welcome reception on May 15 (included at no cost) | 0 € |
| <input type="checkbox"/> I will join the guided walking tour and beer tasting and the dinner
on Friday, May 16 (cost 45,- €) | _____ € |
| Total amount to be paid | _____ € |

Name, Surname

Institution

Date and time of arrival

Date and time of departure

Special food requirements

E-mail Address

Date/Signature

Please transfer the total amount to be paid to the following account (indicate the **reference SP400005**):

Account Holder: Universitaetsklinikum Muenster

Bank: Deutsche Bank AG

Account nr: 0138 842; BLZ 400 700 80

SWIFT/BIC Code: DEUTDE3B400

IBAN: DE 42400700800013884200

If you have questions or requests please contact our office

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