

REGISTRATION FORM

Surname First name

Title Medical field

Address:
.....
.....

Fax:

Tel.:

e-mail:

I will pay by eurocheque in Euros by bank remittance in Euros by credit card

- 1.120,00 Euros/ 1.400,00 US \$ (category I)
- 1.070,00 Euros/ 1.340,00 US \$ (category I, member DGSP or ISMM)
- 1.060,00 Euros/ 1.250,00 US \$ (category II)
- 1.010,00 Euros/ 1.190,00 US \$ (category II, member DGSP or ISMM)
- 950,00 Euros/ 1.100,00 US \$ (category III)
- 900,00 Euros/ 1.040,00 US \$ (category III, member DGSP or ISMM)

After sending your registration form please do not transfer any money until you have been notified by us that you have been accepted as a participant. When you get this notification from us, we will require you to pay the course fees by January 15, 2004.

In case of cancellation of registration up to 4 weeks before the start of the course a fee of 100 Euros per person will be charged. Thereafter the usual cancellation charges apply, unless replacement is possible. Insurance cover is not included in the course fees. For your own security, please take out an insurance policy at your own expense covering the costs for cancellation, accidents, and medical insurance. I hereby register for attendance at the International Course of Mountain Medicine and confirm having taken note of the conditions for cancellation. I also commit myself to taking out adequate insurance policy against accidents and illness abroad.

Date: Signed:

Please send by fax or mail (not by e-mail) to:

Ingrid Slater
Dept. of Internal Medicine VII, Div. of Sports Medicine
Medical University Clinic Heidelberg
Hospitalstr. 3, D – 69115 Heidelberg, Germany
Fax: +49/6221/56 5972