

3rd International Conference on TMS and tDCS

Göttingen (Germany), October 1-4, 2008

Online-Registration: www.akmcongress.com/tms08

Registration form (one form per active participant)

3rd TMS tDCS Meeting 2008

c/o AKM GmbH
Postfach 2020

79555 Weil am Rhein
Germany

Fax +49 (0) 7621-78714

Mr Mrs Prof. PD Dr.

Name: _____

First Name: _____

Address: _____

E-mail: _____

Telephone: _____

Fax: _____

Remarks:

I expect the following question to be answered by the conference:

Registration Fees

Amount in €

- | | | | |
|-----|--|-------|-------|
| 100 | <input type="checkbox"/> Registration Non-Members <u>Full Ticket</u> | € 200 | _____ |
| | <u>Day Ticket</u> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | € 70 | _____ |
| 110 | <input type="checkbox"/> Registration DGKN and MDS-Members <u>Full Ticket</u> | € 100 | _____ |
| | <u>Day Ticket</u> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | € 40 | _____ |
| 120 | <input type="checkbox"/> Registration PhD Students (ID required) <u>Full Ticket</u> | € 50 | _____ |
| | <u>Day Ticket</u> <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | € 20 | _____ |

Social Programme

Attending

Amount in €

- | | | | |
|-----|---|--|------------------------------|
| 750 | <input type="checkbox"/> Get together October 1st, 2008 | yes <input type="checkbox"/> no <input type="checkbox"/> | included in registration fee |
| 760 | <input type="checkbox"/> Party October 3rd, 2008 | yes <input type="checkbox"/> no <input type="checkbox"/> | € 50 |

Total Amount _____

The total amount will be paid as follows:

Bank transfer to: Sparkasse Markgräflerland, Weil am Rhein, Germany, Account No. 107 971 178, BLZ 683 518 65, IBAN: DE38 6835 1865 0107 9711 78, BIC (Swift Code): SOLADES1MGL

Visa Mastercard American Express

Credit Card Number _____ Expiry Date ____/____/____

Please charge the fee to my account no. _____ BLZ _____

at (bank) _____ (for German participants only!)

Cheques will not be accepted!

Date: _____ Signature: _____

Cancellation/Refund Policy

After September 1st, 2008 no refund can be made for cancellations. Vouchers cannot be replaced if lost.

The participant acknowledges that she/he has no rights to lodge damage claims against the organisers should the holding of the congress be hindered or prevented by unexpected political or economic events or generally by force majeure, or should non-appearance of speakers or other reasons necessitate programme changes. With her/his registration, the participant accepts this proviso.