

16th Nordic Congress of General Practice 13-16 May 2009, Copenhagen, Denmark

REGISTRATION FORM – INVOICE

Participant: Mr/Mrs/Ms

Please use BLOCK CAPITALS when completing this form!

Last name:

First name(s):

Organisation/Institution:

Street address:

Post code/ZIP code:

City/State:

Country:

Phone:

Fax:

E-mail:

REGISTRATION FEES <i>(All in DKK and per person)</i>	DKK	Total DKK
Active members <i>Before 1 February 2009</i>	5.500	
Active members <i>Between 1 February 2009 and 1 April 2009</i>	6.200	
Active members <i>After 1 April 2009</i>	6.900	
Doctors in training <i>Before 1 February 2009</i>	3.000	
Doctors in training <i>Between 1 February 2009 and 1 April 2009</i>	3.500	
Doctors in training <i>After 1 April 2009</i>	4.000	
SOCIAL PROGRAMME		
Welcome reception - active participants <input type="checkbox"/> Yes, I will attend, please tick <i>13 May 2009 at 18:30</i>	Incl.	
Welcome reception - accompanying person <input type="checkbox"/> Yes, I will attend, please tick <i>13 May 2009 at 18:30</i>	Incl.	
Congress dinner and dance (all expend. incl.) active participants <input type="checkbox"/> Yes, I will attend, please tick <i>15 May 2009 at 19:00</i>	650	
Congress dinner and dance (all expend. incl.) accompanying person <input type="checkbox"/> Yes, I will attend, please tick <i>15 May 2009 at 19:00</i>	950	
TOURS		
Canal tour of Copenhagen City Centre Please write the number of tickets: _____ x 415DKK <i>14 May 2009 at 09:00-12:00</i>	415	
Tour of North Sealand Please write the number of tickets: _____ x 675DKK <i>14 May 2009 at 09:00-16:00</i>	675	
Grand tour of Copenhagen Please write the number of tickets: _____ x 485DKK <i>15 May 2009 at 09:00-14:00</i>	485	

TOTAL DKK _____

PAYMENT

All payment must be in DKK only, made payable to ICS A/S.

Please remember to state your name, address and "GP 2009" on all payments.

The above total amount has been transferred to A/C no.: 3001 4001 154 656 Danske Bank - Holmens Kanal 2, DK-1090 Copenhagen K, Denmark. IBAN # DK69 3000 4001 154 656, SWIFT/BIC Address: DABADKKK

Credit Card: American Express Diners Club Master Card/ Eurocard VISA Dankort

Card N°:

Expiry Date:

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The Card ID or Card Validation Code is 3 digit code found on the back of your credit card (or 4 digit code on the American Express cards):

Name of cardholder *(PRINT Please!)*:

Date:

Signature of Cardholder:

Please return this form to:
ICS A/S, P.O.Box 41 – Strandvejen 169 – 171 – DK 2900 Hellerup
Fax: + 45 3946 0515

Please take a copy of this document for your own record.