

1st International Epilepsy Colloquium

Marburg, Germany 22 – 25 June 2008

Online registration:
www.akmcongress.com/epilepsie2008

Registration form (one form per active participant)

Please return to:

1st International Epilepsy Colloquium
c/o AKM Congress Service GmbH
P.O. Box 2020
79555 Weil am Rhein

Fax: ++49-7621-78714

Remarks

Mr. Mrs. Prof. PD Dr.

Family name (please underline)/First name, initial(s)

Institute/Company

Department

Street, No.

P.O. Box Postal code

City Country

E-Mail

Telephone business Fax

Telephone home

Registration Fees

Amount in €

100 Registration – regular € 300,- _____

110 Registration – Residents/Student (ID required) € 200,- _____

Social Programme

N^o of persons

Amount in €

750 **Reception at the café Lichtblick**
Sunday, June 22nd, 2008 included in registration fee yes no _____ 0,-

760 **Reception at the castle**
Monday, June 23rd, 2008 € 50,- x _____ _____

780 **Bus Transfer to Munich (one way)**
Wednesday, June 25th, 2008 – 14:00 hrs € 30,- x _____ _____

Total amount _____

The total amount will be paid as follows:

Bank transfer to Deutsche Bank, Weil am Rhein/Germany, Account No. 275 995 919, Bank Code 683 700 24, IBAN: DE 33 6837 0024 0275 9959 19, BIC (Swift Code): DEUTDE33

VISA MASTERCARD American Express

No. _____ Exp. 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 May 23rd, 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.

1st International Epilepsy Colloquium

Marburg, Germany 22 – 25 June 2008

Hotel Reservation Form (one form per room)

Please return to:

AKM Travel AG
P.O. Box
CH-4016 Basel
Switzerland

Fax +49 7621 1620 035

Remarks

Mr. Mrs. Prof. PD Dr.

Family name (please underline)/First name, initial(s)

Accompanying person

Institute/Company

Department

Street, No.

P.O. Box

Postal code

City

Country

E-Mail

Telephone business

Fax

Telephone home

Date of arrival: _____ Estimated time of arrival: _____ Date of departure: _____ Number of nights: _____

Arrival by car train airplane

Hotels

Single room

Double room

Price-Category A

EUR 160.00 – EUR 200.00

EUR 190.00 – EUR 230.00

Price-Category B

EUR 115.00 – EUR 155.00

EUR 145.00 – EUR 185.00

Price-Category C

EUR 70.00 – EUR 110.00

EUR 100.00 – EUR 140.00

All rates are per room and per night, including breakfast, service and taxes. Early reservation is highly recommended.

Reservation

When booking, please complete this hotel reservation form and return it to AKM Travel AG, Basel, not later than **1 May 2008**. Requests will be accepted thereafter, however, hotel accommodation is subject to availability and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card, and an extra handling fee of EUR 30.00 will be charged.**

Online Hotelreservation

Hotel reservations can also be made online via internet under www.akmcongress.com/epilepsie2008. Full prepayment by credit card (VISA or Mastercard) is mandatory if you register online. Each participant will receive a confirmation. After **1 May 2008** hotel accommodation is subject to availability.

Payment Policy

Upon receipt of the hotel reservation form you will receive a confirmation and invoice, payable until **1 May 2008**. All room charges must be prepaid to AKM Travel AG. However, when checking out, all extras (mini-bar, telephone charges, room service, etc.) must be settled with the hotel directly.

Please indicate form of payment:

Bank transfer - free of charge for recipient – to the account number 071428700 at the Deutsche Bank, Weil, BLZ 683 700 24, IBAN number DE 19 6837 0024 0071 4287 00, BIC DEUTDEB683

VISA

MASTERCARD

CVV2 Code

No. _____

Exp.date:

Cardholder's name: _____

Cancellation Policy

If your hotel reservation is cancelled before **1 May 2008**, a handling fee of EUR 60.00 is charged. If your reservation is cancelled after **1 May 2008**, or if you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds can be made.

Any change of reservation will be subject to a handling fee of EUR 30.00. Changes or cancellations have to be made in writing to AKM Travel AG, Basel. Please do not contact the hotel directly.

Date: _____

Signature: _____

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