

The third Stapleford Berlin conference 2006 18-20. March

- Please complete form in CAPITALS and BLACK INK -

Online registration form:

First Name _____ Last Name _____
Degree/title _____ (MD, PhD, Dr, Prof etc)
Address _____
City _____ Zip/ Plz _____ (Postal code)
Country _____
Hospital/ Institution Address _____
City _____ Zip/ Plz _____ (Postal code)
Phone _____ E-Mail _____

Registration Fee: 500 € before 30th of January | 600 € after 30th of January

Payment by cheque or electronic transfer to:

Deutsche Apotheker- und Ärztebank IBAN: DE 98 300 60601 BLZ: 10090603
Account Number: 040 154 91 97 BIC/SWIFT: DAAEDED
Account Name: Kongreß Partecke Please indicate date of payment: _____

Payment by credit card:

Credit Card Type _____
Name (As it appears on card) _____
Card Number _____
Expiration Date (mm/yyyy) _____
Security Number _____ (last 3 Numbers on the back)

Hotel accommodation:

- Hotel Berlin Excelsior with special rates (129€ Double, 119 Single)
- Astoria Hotel (50m around the corner of Hotel Excelsior) (99€ Double, 89 Single)
- or hotel of your choice.

Berlin Excelsior Hardenbergstr. 14 10623 Berlin www.hotel-excelsior.de
Reservations: Phone 0049 (0)30 3155 - 22
Fax 0049 (0)30 3155-1053
Email info@hotel-excelsior.de

Hotel Astoria: Fasanenstr. 2 10623 Berlin www.hotelastoria.de
Reservations: Phone 0049 (0)30 3124067
Fax 0049 (0)30 3125027
Email astoriahotel@t-online.de

Date of arrival: _____ Departure Date: _____

Please indicate which of these hotels you prefer,
or whether you are staying somewhere else!

Conference Information/ Contact:

Dr. Linda Partecke, Berlin - Dr. Colin Brewer, London

Email: mail@stapleford-berlin2006.de

Fax: +44 (0)20. 77303409 (Stapleford Centre, London)

Please send your registration form to this number!