

10th Conference on

Methods and Applications of Fluorescence: Spectroscopy, Imaging and Probes

9 - 12 September 2007, Congress Center, Salzburg, Austria



Prof. Otto S. Wolfbeis
University of Regensburg
Institute of Analytical Chemistry, Chemo- and Biosensors
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fax: +49-941-9434064

REGISTRATION

Title (Ms., Mr., Dr., Prof.)
Family Name First Name
Organization
Address
City State/Province
Post/ZIP-Code Country
E-Mail

	until 30 May 2007	after 30 May 2007 ^{b)}	Food requirements ^{c)}
<input type="checkbox"/> Regular fee	€ 580	€ 700	
<input type="checkbox"/> Student fee ^{a)}	€ 310	€ 360	
<input type="checkbox"/> plus Conference Banquet	€ 40	€ 40	
<input type="checkbox"/> plus "Mozart Concert"	€ 35	€ 35	
<input type="checkbox"/> Accompanying person(s)	€ 230	€ 280	
Total:			

a) Students must submit a confirmation of student status at the time of payment.

b) Payment to arrive before 28 August 2007.

c) Insert a "V" if you wish to eat vegetarian food, and a "K" in case of kosher food.

The full fee and the student fee comprise documentation, book of abstracts in electronic format on a USB flash drive, admission to all sessions, the welcome reception and to coffee breaks. The full fee also includes a "Mozart concert" and a conference banquet. Further details can be found at the homepage: <http://10.maf-sip.com>

PAYMENT DETAILS

(Please make sure that the full amount arrives at the account given below)

By Bank Transfer

Account Holder: Prof. Wolfbeis
Bank: Bank Austria Creditanstalt
Account Number: 52566618801
Bank Code: 12000
IBAN: AT68 1200 0525 6661 8801
BIC: BKAUATWW
Subject: Registration - MAF10

By Credit Card (Visa, MasterCard)

Fill in the form on the next page and send both forms by fax or mail before 28 August 2007 to the above address, or or via email to info@maf-sip.com.

.....
Date, Signature

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PAYMENT BY CREDIT CARD

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Total		

NAME(S) OF PARTICIPANT(S)

.....
.....
.....

Credit Card Visa Master Card

Card holder

Card number

Expiration date

Card verification code (Last 3 digits of the number given on the reverse side of the credit card in the signature field)

I authorize the Chairman of the Organization Committee of the MAF-10 Conference to bill the total fee to my credit card.

Signature of card holder