

REGISTRATION FORM
 Post Congress of the
 13th Meeting of the German-Japanese Society of Dermatology
 June 16-17, 2018
 Marburg, Germany

This form can be completed **using a typewriter or capital letters** and sent to the Congress Organizer

By Mail: **Birgit.barnickel@copp-barnickel.de** By Fax: **+49-6174-931343**
 COPP, Birgit Barnickel
 Wiesbadener Str. 214
 D-61462 Königstein, Germany

A. PARTICIPANT INFORMATION		
Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Degree: <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Last/Family Name:		*First/Given Name:
Position:	Department:	
Organization:		*Tel:
*Address:		Fax:
*City:	*Province/State:	Mobile:
*Postal Code:	*Country:	*E-mail:
Special Needs (Dietary, Disability, etc.):		

* Required Fields

B. ACCOMPANYING PERSON(S)		
Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last/Family Name:	First/Given Name:
Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last/Family Name:	First/Given Name:

Category				
	Member	Non-member		
Japanese participant	<input type="checkbox"/> € 50	<input type="checkbox"/> € 100		
German participant	<input type="checkbox"/> € 100	<input type="checkbox"/> € 150		
Accompanying Person(s)			<input type="checkbox"/> € 50	

Social Events				Yes	No
Welcome Reception (free admission)	Saturday, June 16, 2018		Attendance		
Gala evening (free admission)	Sunday, June 17, 2018		Attendance		
Day's program for accompanying persons	Sunday, June 17, 2018		Attendance		
Transfer to International Airport Frankfurt	Monday, June 18, 2018		Attendance		
		Flight Details	Number of persons	Departure time	Airline

D. PAYMENT INFORMATION	
Only Payments made by credit card and bank transfer will be accepted. All bank transfer fees are to be paid by registrants.	
by (international) bank transfer	For Credit Card payment please fill out the information below:
Yes <input type="checkbox"/>	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx Card
Please transfer payment after reception of the invoice making reference to the invoice number and your name	Cardholder's Name
	Card Number:
	Expiration Date: / CDW-Code*
	Authorized Signature:

A copy of the bank transfer statement with the applicant's name, address and payment details must be sent by fax or e-mail to the Secretariat.

* Three-digit CDW-code is found on the back text to the signature (on American Express the four-digit CDW-code is found on the front)

Payment Conditions:

- Advanced payment for the Congress must be received in order to confirm your registration. Once your payment has been accepted, a letter of confirmation will be sent to you via e-mail.

Cancellation Policy:

- Reimbursements for cancellations made up to May 10, 2018 are subject to a 25% administrative charge.
- Refunds for cancellations received after May 10, 2018 will be given only in exceptional circumstances after the deduction of expenses already incurred.
- Cancellations received after June 16th, 2018 cannot be refunded.