

Participant

Surname: _____ First Name: _____

Title: _____

Organization/Company: _____

Mailing address: _____

Postal Code: _____ City: _____

Country: _____

Phone: _____ Fax: _____
Including country and area codes

E-mail: _____

Registration fees	NOK	N°	Total	Code
Registration fee, before 1 March		3.400,-	1	_____ (010)
Registration fee, after 1 March		3.800,-	1	_____ (015)
Student fee, before 1 March		2.000,-	1	_____ (030)
Student fee, after 1 March		2.400,-	1	_____ (035)

One day participation

Registration fee, one day, before 1 March (Indicate day of participation)	1.700,-	1	_____ (060)
Registration fee, one day, after 1 March (Indicate day of participation)	2.000,-	1	_____ (065)
() June 9, () June 10, () June 11			

Post Graduate courses, June 8 (Only one choice)

Post graduate course, (indicate course below)	350,-	1	_____ (080)
() Research in PH, () Lung function measurement., () Allergy, () Developing Countries, () Tobacco smoking			

Social Programme

Reception, Plaza, June 8	incl.	_____	_____ (100)
Conference dinner, June 10	400,-	_____	_____ (120)
Conference dinner, June 10, Accompanying person	800,-	_____	_____ (130)

Post Tours (Deadline for signing up for the post tours are April 30th)

The North Cape, June 12 – June 15	10.640,-	_____	_____ (300)
Fjordland, June 12- June 13	2.545,-	_____	_____ (310)

TOTAL AMOUNT REGISTRATION FEE AND SOCIAL _____ **(Transfer to payment)**

Parallell sessions.
 Please indicate below your field of interest for the parallel sessions.
 Only one choice for each session

FRIDAY 9 JUNE Asthma / Allergy

Parallell - Session 1

Time	Session	Tick off
11.00-13.00	Practical skills	<input type="checkbox"/>
11.00-13.00	Symposium	<input type="checkbox"/>
11.00-13.00	Oral presentations	<input type="checkbox"/>
11.00-13.00	Workshops	<input type="checkbox"/>

Parallell - Session 2

Time	Session	Tick off
16.00-17.00	Practical skills	<input type="checkbox"/>
16.00-17.00	Symposium	<input type="checkbox"/>
16.00-17.00	Oral presentations	<input type="checkbox"/>
16.00-17.00	Posters	<input type="checkbox"/>

SATURDAY 10 JUNE COPD

Parallell - Session 3

Time	Session	Tick off
11.00-13.00	Practical skills	<input type="checkbox"/>
11.00-13.00	Symposium	<input type="checkbox"/>
11.00-13.00	Oral presentations	<input type="checkbox"/>
11.00-13.00	Workshops	<input type="checkbox"/>

Parallell - Session 4

Time	Session	Tick off
16.00-17.00	Practical skills	<input type="checkbox"/>
16.00-17.00	Symposium	<input type="checkbox"/>
16.00-17.00	Oral presentations	<input type="checkbox"/>
16.00-17.00	Posters	<input type="checkbox"/>

SUNDAY 11 JUNE Infectious Diseases

Parallell - Session 5

Time	Session	Tick off
11.00-12.30	Practical skills	<input type="checkbox"/>
11.00-12.30	Infectious diseases 1	<input type="checkbox"/>
11.00-12.30	Infectious diseases 2	<input type="checkbox"/>
11.00-12.30	Posters	<input type="checkbox"/>

Name: _____

HOTEL RESERVATION.

One night hotel deposit must be paid in advance, in order for us to confirm your hotel reservation

Arrival Date: _____ Departure Date: _____

Special requests:

Smoking room Vegetarian Other: _____

Accommodation (One night hotel deposit must be paid in advance)		No. of rooms	Rate sgl/dbl per night
Radisson SAS Plaza Hotel, Conference venue	1245,-/1445,-	_____	_____ (500)
Thon Hotel Opera	950,-/1115,-	_____	_____ (530)
Thon Hotel Terminus	875,-/1125,-	_____	_____ (520)
Thon Hotel Spectrum	730,-/990,-	_____	_____ (510)
Thon Hotel Munch	585,-/735,-	_____	_____ (520)

TOTAL AMOUNT HOTEL RESERVATION **NOK** _____

Payment:

TOTAL AMOUNT REGISTRATION AND SOCIAL _____
TOTAL AMOUNT HOTEL RESERVATION _____

GRAND TOTAL _____

Please send your payment to Congress-Conference AS, quoting the reference "IPCRG"

SWIFT transfer to DNBANOKKXXX, account no 1594.13.59555, IBAN no NO78 1594 1359 555 net of charges to the beneficiary

American Express Euro card / MasterCard / Access

Diners Visa

Credit card no: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/ Expiry Date ____/____

Name as indicated on the card: _____

Please debit my credit card with the following amount: NOK _____, and any subsequent payment

I have read and accept the cancellation clauses, disclaimer and insurance recommendations as contained in the Invitation Program.

Date: _____ Signature: _____

Please send your registration to:

IPCRG 2006
c/o Congress-Conference
P.O. Box 2694 Solli
NO - 0204 OSLO
Tel: + 47 22 56 19 30
Fax: + 47 22 56 05 41
E-mail: IPCRG2006@congrex.no

Internet registration:

Full registration and hotel reservation is also available on www.theipcr.org/oslo2006

Cancellations:

Notification of changes and cancellation must be sent in writing to Congress-Conference AS. Cancellation will be accepted until 1 May 2006 with a refund of all payments except for an administration fee of 10%. It is regretted that no refunds can be made for cancellations received after 1 May 2006.

Hotel reservation:

Please indicate how many nights you will stay. Hotel accommodation will be booked according to your request on this registration form. Changes of the hotel accommodation after 1 May 2006 will be charged with an additional handling fee of NOK 150. One night hotel deposit will be required in order to confirm your hotel reservation. Cancellation of hotelreservation after 1 May will not be refunded.

VAT

Currently (March 2005), no VAT applies to hotel room rates or Congress fees. However, if VAT is implied on hotel rates or Congress fees, the above rates will change accordingly.