



European Human Genetics Conference 2010

June 12 – 15, 2010, Göteborg Convention Centre, Gothenburg, Sweden

CONGRESS REGISTRATION FORM

Please return before May 23, 2010

Please complete in **capital letters** and return to: **ESHG 2010** c/o Vienna Medical Academy Alser Strasse 4, 1090 Vienna, Austria Fax: +43 1 407 82 74 - E-mail: conference@eshg.org

Last name (as it should be printed on the badge) First Name Title

Institution/Department/Hospital

Address

ZIP Code City Country

Phone E-mail

Special needs (If you have any special requirements that might affect your participation (e.g. in relation to hearing or mobility) please inform us below. This information will be treated as confidential.)

Please tick here if you do not wish your data to be forwarded to exhibiting companies on request.

REGISTRATION FEES (in EURO)

The reduced registration fee is only applicable, if it has been credited to the congress account before the respective deadline. Registering before the deadline without performing an actual payment is not sufficient to benefit from the reduction. Please note that a different fee applies for onsite payments and registrations

Payment Received:	before March 31, 2010	after March 31, 2010	On-Site
ESHG Members ¹ (please indicate the Membership No: _____)	<input type="checkbox"/> 270.-	<input type="checkbox"/> 370.-	<input type="checkbox"/> 420.-
Non-Members	<input type="checkbox"/> 380.-	<input type="checkbox"/> 480.-	<input type="checkbox"/> 550.-
Postgraduate Trainees ²	<input type="checkbox"/> 200.-	<input type="checkbox"/> 250.-	<input type="checkbox"/> 290.-
Students ²	<input type="checkbox"/> 135.-	<input type="checkbox"/> 165.-	<input type="checkbox"/> 190.-
ESHG Board member, Workshop Organiser, Chairperson	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-
Conference Fellowship Holder ³	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-
National Fellowship Holder ³	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-
Press Member ⁴	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-	<input type="checkbox"/> 0.-
Accompanying Person(s) _____ Persons @ _____	<input type="checkbox"/> 55.-		
My accompanying Person(s) will participate in the complementary city tour:		<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of Accompanying Person(s): _____			

¹ Participants having **applied for new or renewed their ESHG membership** and/or paid their contribution **before May 31, 2010** may pay the Member's fee.

² Please provide a copy of a Student's ID or a confirmation signed by the head of department at the moment of your registration by fax to +43 1 407 82 74 or together with the hardcopy of the registration form. **Confirmations handed in at a later stage cannot be considered.**

³ Status will be checked by the registration manager.

⁴ Please provide a copy of a Press ID by fax to +43 1 407 82 74.

SOCIAL EVENTS

Please note that only a limited number of tickets will be available on site

<input type="checkbox"/>	Saturday, June 12, 2010, 20.00 hrs Welcome Reception	_____ Person(s)	No Fee, but registration is necessary
<input type="checkbox"/>	Monday, June 14, 2010, 20.00 hrs Conference Party	_____ Person(s)	<input type="checkbox"/> 40.- (Regular) <input type="checkbox"/> 24.- (Students)

LUNCH BOXES

Please note that lunch boxes have to be ordered in advance and cannot be bought on site

<input type="checkbox"/>	Sunday, June 13, 2010	<input type="checkbox"/> 14.-
<input type="checkbox"/>	Monday, June 14, 2010	<input type="checkbox"/> 14.-
<input type="checkbox"/>	Tuesday, June 15, 2010	<input type="checkbox"/> 14.-
<input type="checkbox"/>	Vegetarian box required	

ABSTRACT BOOK

Think about the environment: Choose "No" to receive an Abstract-CD-Rom. Choose "Yes" to receive a hard copy of the abstract book.

I require a hard copy of the abstract book No Yes

METHODS OF PAYMENT

Bank transfer **free of charge for the beneficiary** to the Congress Bank Account: "WMA-ESHG", at the "Erste Bank", Alserstrasse 23, 1080 Vienna, Austria: **IBAN AT 18 20111 300031 08737, SWIFT GIBAATWW**, Account No. 300031-08737, Bank code: 20111
Please do not perform bank transfers after May 23, 2010. Onsite payments are possible in cash (EUR) and by credit card.

Credit card Visa Master Card Diners Club

Card number _____ CVV2/CVC2 Code* _____ Expiry Date _____

Name of Cardholder _____ Signature _____

*The **CVV2/CVC2** is a 3-digit security code printed on the back side of your card. The number appears in reverse italic at the top right end of the signature panel behind the last 4 digits of your card number. This helps us to fight fraud in the "card-not-present transactions". Thank you!



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SURVEY

Please return before May 23, 2010

Last name _____

First Name _____

Title _____

In case you plan to attend an educational session during the Meeting, please let us know which, this will help us plan the space needs for these sessions:

- | | |
|--|---|
| <input type="checkbox"/> Not planning to attend | <input type="checkbox"/> ES 5 Retinitis pigmentosa and Inherited deafness (Sun) |
| <input type="checkbox"/> ES 1: Genetic Diagnosis of Infertility (Sat) | <input type="checkbox"/> ES 6 The face behind the syndrome (Mon) |
| <input type="checkbox"/> ES 2: Genome Databases (Sat) | <input type="checkbox"/> ES 7 Overgrowth and undergrowth Syndromes (Mon) |
| <input type="checkbox"/> ES 3: Communication in Clinical Genetics (Sat) | <input type="checkbox"/> ES 8 Cystic Fibrosis and Immotile cilia (Tue) |
| <input type="checkbox"/> ES 4: Alport syndrome and Cystic Kidney Disease (Sun) | |

Please let us know the 3 concurrent sessions you are most likely to attend, this will help us plan the space needs in the conference center:

- | | |
|---|--|
| <input type="checkbox"/> 1. Genetic counseling, including Psychosocial aspects, Genetics education, Genetic services, and Public policy | <input type="checkbox"/> 9. Complex traits and polygenic disorders |
| <input type="checkbox"/> 2. Clinical genetics and Dysmorphology | <input type="checkbox"/> 10. Evolutionary and population genetics, and Genetic epidemiology |
| <input type="checkbox"/> 3. Cytogenetics | <input type="checkbox"/> 11. Genomics, Genomic technology including bioinformatics methods, gene structure and gene product function and Epigenetics |
| <input type="checkbox"/> 4. Reproductive genetics | <input type="checkbox"/> 12. Molecular basis of Mendelian disorders |
| <input type="checkbox"/> 5. Prenatal and perinatal genetics | <input type="checkbox"/> 13. Metabolic disorders |
| <input type="checkbox"/> 6. Cancer genetics | <input type="checkbox"/> 14. Therapy for genetic disorders |
| <input type="checkbox"/> 7. Cancer cytogenetics | <input type="checkbox"/> 15. Laboratory and quality management |
| <input type="checkbox"/> 8. Statistical genetics, includes Mapping, linkage and association methods | |

Please check the one discipline nearest your primary interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Cancer Cytogenetics | <input type="checkbox"/> 8. Genetic Epidemiology and Population Genetics | <input type="checkbox"/> 12. Linkage Mapping & Polymorphisms |
| <input type="checkbox"/> 2. Cancer Genetics | <input type="checkbox"/> 9. Gen. Services & Tests, Genetic Screening, & Public Policy | <input type="checkbox"/> 13. Mol.Basis of Disorders with Complex Inh. |
| <input type="checkbox"/> 3. Clinical Genetics, Malformations & Dysm. | <input type="checkbox"/> 10. Genomics | <input type="checkbox"/> 14. Molecular Basis of Mendelian Disorders |
| <input type="checkbox"/> 4. Cytogenetics | <input type="checkbox"/> 11. Inborn Errors of Metabolism & Biochemical Genetics | <input type="checkbox"/> 15. Prenatal & Perinatal Genetics |
| <input type="checkbox"/> 5. Development | | <input type="checkbox"/> 16. Therapy for Genetic Disorders |
| <input type="checkbox"/> 6. Gene Structure and Function | | |
| <input type="checkbox"/> 7. Genetic Counseling & Genetic Education | | |

Please check the one category that most closely describes your activity/profession in human genetics:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Basic Research | <input type="checkbox"/> 4. Genetic Counselor | <input type="checkbox"/> 7. Legal/Social |
| <input type="checkbox"/> 2. Clinical Research | <input type="checkbox"/> 5. Teaching | <input type="checkbox"/> 8. Practicing Physician |
| <input type="checkbox"/> 3. Clinical Treatment/ Diagnosis | <input type="checkbox"/> 6. Behavior | <input type="checkbox"/> 9. Other _____ |

Date: _____ Signature_____

You will receive written confirmation of registration by mail when the registration form has been received. Furthermore you will receive a written confirmation of payment when the payment has been credited to the congress account. Kindly note that payments made within 2 weeks prior to the conference cannot be confirmed in writing. **If you made a bank transfer within this period, it will be essential to bring a proof of payment of your registration fee, when collecting the registration material.**

After May 21, 2010, pre-registration will be closed, but you may register at the "On-site registration Desk" in the Gothenburg Convention Center, which will open on Saturday June 12, 2010, at 10.00 hrs.

Congress Office:

ESHG 2010
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Alser Strasse 4
A-1090 Vienna, Austria
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Fax: +43 1 407 82 74
<mailto:conference@eshg.org>

<http://www.eshg.org/eshg2010>
