International Conference on Progress in Bone and Mineral Research 2015
and the
Annual Autumn Conference of the Austrian Society for Bone and Mineral Research
on the occasion of the
Awarding of the "2015 International Research Prize"
TechGate Vienna – December 3 - 5, 2015

Please return the completed form at your earliest convenience to:
BONE 2015 – c/o Vienna Academy of Postgraduate Medical Education and Research
Alser Str. 4, A-1090 Vienna

REGISTRATION FORM
(please use CAPITAL letters)
Fax: (+43/1) 407 82 74

Title: _____First Name: _____

Family Name: _____

Department/Institute/Hospital: _____

Street: _____

ZIP Code: _____City: _____Country: _____

Phone: _____Fax: _____

e-mail: _____

Registration Fees	**Payment received** Registering before the deadline without performing a payment is not sufficient to benefit from the reduction	
	before September 14, 2015	**after September 14, 2015**
Regular participants	❍ EUR 200.-	❍ EUR 250.-
Students and Trainees* *Confirmation by supervisor necessary	❍ EUR 100.-	❍ EUR 150.-
Day Pass Regular Participants	❍ EUR 120.-	❍ EUR 150.-
Please choose a day	❍ Thursday, Dec. 3 ❍ Friday, Dec. 4	❍ Saturday, Dec. 5
Day Pass Students/Trainees* *Confirmation by supervisor necessary	❍ EUR 60.-	❍ EUR 100.-
Please choose a day	❍ Thursday, Dec. 3 ❍ Friday, Dec. 4	❍ Saturday, Dec. 5
Lunch Tickets **EUR 10,- per Day**	❍ Thursday, Dec. 3 ❍ Friday, Dec. 4	❍ Saturday, Dec. 5

Social Events (registrations will be handled on a "first come – first served" basis)	
Thursday, December 1, 2015 **Welcome Reception at the TechGate** (no fee, registration mandatory)	❍ I will attend with a total of.....person(s)
Friday, December 2, 2015 **Concert at the Schlosstheater Schönbrunn** **contribution towards expenses per person: EUR 35,-**	❍ I will attend with a total of.....person(s)

Payment Modalities
❍ I made a bank transfer **free of charge for the beneficiary** to the congress account "BONE 2015", at the Erste Bank, Alser Strasse 23, 1080 Vienna, Austria **IBAN: AT192011129533108023** **SWIFT: GIBAATWW**
❍ Please charge my credit card: ❍ VISA ❍ Mastercard ❍ Diners Club **CVC2 Code:** _____ Card no.: _____/_____/_____/_____ Expiry date: _____/_____ Name and Signature of the Cardholder: _____

TOTAL SUM *(please fill in)*:	**EUR** _____

Date: _____Signature: _____