

REGISTRATION FORM

International Mastitis Conference: From Science to Practice

30 September - 2 October 2008

The Hague, The Netherlands

The preferred method of registration is via the web at: www.mastitiscontrol2008.com

Please use this form **ONLY** if you do not have access to the internet.

Please complete and return to the Conference Management:

Netherlands National Committee of the IDF

M.L.J. Bögemann

PO BOX 165

2700 AD ZOETERMEER

The Netherlands

Fax: +31 (0)79 - 3430326

E-mail: mastitisconference@nzo.nl

PLEASE KEEP A PHOTOCOPY OF THIS FORM FOR YOUR OWN RECORDS

Registration details will be confirmed by regular mail.

Personal Information

Type of registration:

Delegate Speaker Sponsor Scientific Committee (SC)

Prefix Prof. Dr. Mr. Ms. Other

First name _____ Initials _____

Last name _____

Badge name _____

Title(s) _____

Organization/company (max 30 characters) _____

Department (max 30 characters) _____

Position _____

Address _____

Postal Code _____ City _____

Country _____

Business telephone (including country code) _____

Business fax _____

Mobile Phone _____

E-mail address _____

Dietary restrictions _____

Conference Registration

Please make selection below. The lower fees are applicable only when registration form and payment are received on or before 1 July 2008.

All prices are quoted in Euros and including 19% VAT.

A. Registration Fee	Early-Bird	Standard	Amount
	<i>Before/on 1 July 2008</i>	<i>After 1 July 2008</i>	
<input type="checkbox"/> Full Registration	€ 250,--	€ 350,--	€ _____
<input type="checkbox"/> (Under)graduate Student *	€ 150,--	€ 250,--	€ _____
		Subtotal A	€ _____

* (Under)graduate students must provide valid proof of full-time status, issued by their educational institution, with their registration form

B. Social Program	<i>Price</i>	<i>Persons</i>	Amount
<input type="checkbox"/> Welcome reception, 30 September 2008	Included	____ person(s)	€ 0,00
<input type="checkbox"/> Conference dinner, 1 October 2008	€ 85,--	____ person(s)	€ _____
		Subtotal B	€ _____

General Total (Subtotals of A + B) € _____

Payment Information

Please select the preferred method of payment (to be used for all registration items). All payments must be made in Euros (EUR) and the name of the participant and registration number should be stated clearly.

By Bank transfer: Payments must be made **after receipt of our invoice**, in Euros and free of all bank charges to:
ABN-AMRO BANK N.V., The Hague, The Netherlands
IBAN code: NL98ABNA0432434690, SWIFT (BIC) Code: ABNANL2A,
Netherlands National Committee of the IDF
Please mention the participant's name and registration number

By Credit Card *): VISA Eurocard/MasterCard American Express

Card nr _____

Name, card holder _____

CVC/CID code* _____ Expiration date ____/____/____

Signature _____ Date _____

- Eurocard/Mastercard/VISA: The LAST 3 NUMBERS of the number on the BACK of your CREDIT CARD.
- American Express: the CID code on the front of your CREDIT CARD.

*) Credit Card Payments: if you have paid by credit card "Wageningen Academic Publishers" will appear on your credit card statement.

Payments by cheque will not be accepted.

Cancellation Policy

The Conference Management must be notified in writing of cancellations on or before 1 August 2008. Payment will be refunded after the conference, minus an administration fee of € 50,00. For cancellations made after 1 August 2008, no refunds can be made. Registrations are not transferable to other participants. No refunds will be made for non-attendance. Registration implies acceptance of all terms and conditions.

Date _____ Signature _____

Registration is also possible via www.mastitiscontrol2008.com

Online Registration is recommended