

CONFERENCE REGISTRATION FORM

**International Conference on Healthcare Rationing**

*Please print and return by e-mail, regular mail or fax.*

*Please note that this is how you will be indicated on your badge and the list of participants.*

Date: 9 – 10 December 2010

Place: Erasmus Expo and Conference Centre, Woudestein Campus, Erasmus University  
Rotterdam

**1. Participant's Information**

Family Name: \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Ms.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Conference Fee**

Conference fee includes admission to conference sessions, proceedings and registration materials.

Conference fee [two days]: € 275

Student fee\* [two days]: € 50

Lunch fee (optional) [two days]: € 50

\*EUR students are free of charge. Please include a copy of your valid student card, either EUR or non-EUR student.

### **3. Payment**

Total amount: € \_\_\_\_\_

I will pay the amount by bank.

#### Payment information

Bank: ABN AMRO Bank  
P.O. Box 949, 3000 DD Rotterdam, the Netherlands  
Account holder: iBMG  
P.O. Box 1738, 3000 DR Rotterdam, the Netherlands  
IBAN: NL11ABNA0461587084  
BIC: ABNANL2A

*\* Please state 'Healthcare Rationing Conference 2010' and the full name of the participant on the bank transfer. Payments should be made in EURO and without charges to the beneficiary.*

### **4. Additional Instructions**

*Deadlines:* Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than December 1st, 2010. Please use one form per person. If you should have problems registering, please contact the Conference Office at [info@erasmusobservatoryonhealthlaw.nl](mailto:info@erasmusobservatoryonhealthlaw.nl)

*Payment Information:* Registration forms must be accompanied by full payment in order to be processed. No registrations will be accepted by telephone.

*Refund policy:* The Conference Office should be notified of cancellations in writing. If the Conference Office receives cancellations before September 1, 2010, the total conference fee will be refunded, less 25 euro administration costs. After September 1, 2010 no refunds will be made. Please note that refunds will only be made after the conference. 'No shows' are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for such a change.

*Confirmation:* Please allow up to 10 days for mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee. I have taken notice of the cancellation terms on this form.

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2010

Signature: \_\_\_\_\_

Return Address:  
Healthcare Rationing Conference  
iBMG / Erasmus Observatory on Health Law  
P.O. Box 1738  
3000 DR Rotterdam  
The Netherlands  
Phone +31 10 408 18 67  
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