



EUROPEAN FEDERATION FOR PHARMACEUTICAL SCIENCES

Please return this form and payment to:



Congrex Sweden AB
Attn: ODDD
P.O. Box 5619
SE-114 86 Stockholm
Sweden
Phone: +46 8 4596600
Fax: +46 8 6619125
Email: oddd.registration@congrex.com

On-line registration
www.eufeps.org

Cancellation of the registration fee will be accepted until October 31, 2007, up to which date the total amount will be refunded less CHF 80 for administrative expenses.

EUFEPS Conference on
Optimising Drug Discovery and Development
together with
European Biosimulation Network of Excellence (BioSim) and
EU Microdosing AMS Partnership Programme (EuMapp)

Integrating Systems Approaches into
Pharmaceutical Sciences

December 5-7 • 2007 • Basel Convention Center • Basel • Switzerland

REGISTRATION FORM

PLEASE USE BLOCK LETTERS

Family name

First name

Company/Organisation

Department

Mailing address

Zip code and City

Country

Phone

Fax

E-mail

Your company's VAT number _____

Your passport number _____

REGISTRATION FEES

Table with 6 columns: Conference Registration Fees (Swiss Franc) CHF, EUFEPS Members before October 31, 2007, EUFEPS Standard before October 31, 2007, EUFEPS Members after October 31, 2007, EUFEPS Standard after October 31, 2007, Amount. Rows include Industrial Delegate, Academic Delegate, Government Delegate, and PhD and Student Delegate*.

- Member of EUFEPS
Gold Corporate Sponsorship Rate: 10 % reduction of fee/s (AstraZeneca, GlaxoSmithKline, Pfizer)
Silver Corporate Sponsorship Rate: 5 % reduction of fee/s (Bayer HealthCare)

Total Registration Fee (Swiss Franc) CHF _____

Special food request: _____

*Please note that a copy of your student ID must be enclosed

Registration on-line: www.eufeps.org



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Family name: _____ **First name:** _____

REGISTRATION FORM continued PLEASE USE BLOCK LETTERS

ACCOMMODATION

Arrival date _____ **Departure date** _____

Cancellation of hotel reservations will be accepted until October 31, 2007, up to which date no charge will be made less an administrative fee of CHF 80. We regret that there will be no refund after October 31, 2007.

Hotels

	Single room Price/night	No. of rooms	Double room Price/night	No. of rooms
Hotel Spalantor	CHF 164	_____	CHF 204	_____
Novotel Basel	CHF 225	_____	CHF 250	_____
Ramada Plaza	CHF 284	_____	CHF 314	_____

Breakfast is included in the hotel rates.
To guarantee your hotel reservation, please indicate your credit card details below.

PAYMENT DETAILS

Please make sure to indicate Congrex Sweden AB, Attn: ODDD 0797 (payment reference number) and your name on all money transfers.

All payments should be made in EUR to Congrex Sweden AB, attn: ODDD
We are not able to accept personal cheques, company cheques or Eurocheques.
Please indicate below which means of payment you are using and payment reference number 0797

Bank account No. 43537979, IBAN No SE67 6000 0000 0000 4353 7979
Address: Handelsbanken, Box 7190, SE-103 88 Stockholm, Sweden, BIC/SWIFT-code: HANDSESS
Please note that bank transfers are not accepted later than October 31, 2007.

American Express VISA Eurocard/Mastercard

Credit Card No. _____ Expiry date _____

Having signed below, I herewith confirm that I am fully aware of the cancellation conditions stipulated in the announcement.

I hereby authorise Congrex Sweden AB to debit this credit card account for the total amount due. I also consent to Congrex debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

Date _____ Name _____

Signature _____