

**XVI EAMHMS Conference**  
**Berlin, September 13 – 15, 2012**  
**Berlin Museum of Medical History at the Charité**  
**Delegate Registration Form**

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Museum (Institute) \_\_\_\_\_

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

Town/City \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Member of EAMHMS: No  Yes

Name of accompanying guest (if applicable) \_\_\_\_\_

**Please register and submit payment before 31 May 2012**  
**Note that your registration will only be valid on receipt of payment**

		Please tick
<b>Delegate Member</b>	<b>€ 150</b>	
<b>Guest of Member (non Delegate)</b> participating in social programme	<b>€ 100</b>	
<b>Non Member Delegate</b>	<b>€ 180</b>	
<b>Speaker or Student</b>	<b>€ 80</b>	

**Payment by bank transfer to:**

**Freunde und Förderer der Berliner Charité e. V.**  
**Account Number:** 0405185246 **BIN:** 300 606 01  
**IBAN:** DE87 3006 0601 0405 1852 46 **BIC (Swift Code):** DAAEDED  
**Bank:** Deutsche Apotheker- und Ärztebank

**Reference: EAMHMS Berlin 2012 and Full Name**

A receipt for your payment will be provided in your conference folder. If you require an invoice to be sent for payment in advance please tick this box  and give details of address to be sent to if different from above:

**Please send completed registration form to:**

**Berliner Medizinhistorisches Museum der Charité - Charitéplatz 1 - D - 10117 Berlin/Germany**  
**Fax: +49 30 450 536905 - bmm-info@charite.de**

**Congress coordination:** Beate Kunst Tel.: +49 30 450536005 – Navena Widulin Tel.: +49 30 450536096