November 19-22, 2003 Ljubljana, Slovenia

Electroporation based Technologies and Treatments

International SCIENTIFIC WORKSHOP and POSTGRADUATE COURSE

http://www.cliniporator.com/ect/

REGISTRATION FORM

available in *PDF* from: http://www.cliniporator.com/ect/registration/

Please use one form per participant and send to:

Damijan Miklavčič
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E-mail: damijan@svarun.fe.uni-lj.si

Please use block letters!

PARTICIPANT: ❒ DR. ❒ PROF. ❒ MR. ❒ MS.

LAST NAME ..... MID. INIT. ..... FIRST NAME .....

AFFILIATION .....

ADDRESS .....

CITY ..... ZIP CODE ..... COUNTRY .....

PHONE ..... FAX .....

E-MAIL .....

FOR SLOVENE PARTICIPANTS ONLY - PODATKI ZA RAČUN: DAVČNI ZAVEZANEC ❒ DA ❒ NE

NAZIV USTANOVE – PLAČNIKA: .....

NASLOV .....

POŠTNA ŠTEVILKA IN POŠTA ..... DAVČNA ŠTEVILKA .....

TUITION FEE: PLEASE TICK WHERE APPROPRIATE!

REGULAR (UNTIL 15. OCT. 2003) ❒ EUR 380 ON-SITE AT THE CONFERENCE ❒ EUR 420

PAYMENT PROCEDURE:

❒ **BANK TRANSFER**

Bank Address: SKB BANKA D.D. LJUBLJANA, Ajdovščina 4, SI-1513 Ljubljana
In favour of: Albatros Bled, Majda Zidanski s.p., Ribenska 2, 4260 Bled
SWIFT Code: **SKBA-SI-2X,** Account number: 03139-1087540073
(PLEASE ATTACH A COPY OF REMITTANCE) IN AMOUNT: .....

❒ **CREDIT CARD** (The following cards are acceptable. Please provide your card information.)

❒ American Express ❒ Master Card / EuroCard ❒ Visa

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry: ☐☐☐☐

Control No.: ..... Cardholders' name: .....

Signature: ..... Amount to be charged .....

IMPORTANT!

All payments with identified name of the participant should be sent/made to:

(with a note "for ECT2003")
Albatros Bled, Majda Zidanski s.p.
Ribenska 2
SI-4260 Bled, SLOVENIA

Tel.: *+386 4 5780 350*
Fax: *+386 4 5780 355*
E-mail: albatros@albatros-bled.com
Web: http://www.albatros-bled.com

DATE ..... SIGNATURE .....