Registration and Hotelreservation form

5th International Congress of Corneal Cross Linking Germany, Leipzig / December 4th and 5th, 2009

Please type in block letters and send the form as soon as possible to:	**Only for internal use:**
CBS Congress & Business Services Technoparkstrasse 1, CH-8005 Zurich - Switzerland Tel: +41-44-445 34 50 Fax: +41-44-445 34 55 E-Mail: info@cbs-congress.ch **Use only one form per person!**	**Reg. Nr.** ..... Date .....

☐ **Mrs.** ☐ **Mr.** ☐ vegetarian **Title(s):** .....

Name ..... **First Name** .....

Clinic / Company .....

Address .....

Postal Code/City ..... **Country** .....

Phone ..... **Fax** ..... **E-Mail** .....

Accompanying Person

Name ..... **First Name** .....

Registration Fees

	paid before September 30, 2009	paid after October 1, 2009	Amount
Short Course, Dec 4, 2009	Euro 190.00	Euro 210.00	Euro
Congress, Dec 5, 2009	Euro 280.00	Euro 310.00	Euro
Congress Dinner, Dec 4, 2009	Euro 65.00	Euro 75.00	Euro

Total amount of registration **Euro**

Hotelreservation

	Location	Single room	Double room
☐ **The Westin Leipzig** *(minimum 2 nights stay required)*	C	☐ Euro 155.00	☐ Euro 165.00
☐ **Seaside Park Hotel Leipzig**	W	☐ Euro 125.00	☐ Euro 145.00
☐ **Victor's Residenz-Hotel Leipzig**	W	☐ Euro 116.00 ☐ Euro 101.00	☐ Euro 138.00 ☐ Euro 123.00

C = within the congress venue W = walking distance ~5-7 minutes

Arrival Date ..... **Departure Date** .....

Arrival time ..... **If sharing room, indicate name** .....

If the category of your choice is fully-booked, we reserve the right to select another category (you can indicate your 2nd and 3rd choice). Due to the Christmas market in Leipzig the available rooms in the city are very limited.

All rates are in Euro per night including breakfast, service charges and VAT. The total hotel bill has to be paid upon departure. **To guarantee your reservation please indicate your credit-card and number.**
If you do not have a credit card**: a full deposit payment by bank draft is required, an appropriate invoice will be sent to you.** The amount of your check will be deducted from your final hotel bill, payable to the hotel upon departure. The hotel reserves the right to charge for late and non-arrivals. See Hotel Cancellation Rules: www.cxl-congress.org

Methods of Payment (please pay total amount in Euro)

☐ **Bank** Please pay the total amount (free of costs for the recipient) to: **Credit Suisse, CH-8070 Zurich**
IBAN: CH94 0483 5035 8680 5200 1 / Clearing: 4835 / Swift: CRESCHZZ80A
Payable to: IROC AG, Stockerstrasse 37, CH-8002 Zurich. Please don't forget to mention **your name**.

☐ **Credit-Card**: ☐ **Visa Card** ☐ **Master Card**

Card-Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date**: ☐☐☐☐

Security Code ☐☐☐

Name of Card holder .....

Cardholder's address: .....

Post code/ZIP: ..... Country: .....

Date: ..... Signature: .....