

**WORKSHOP**

Women in Clinical Trials, Berlin

Friday, 10 October 2008 – Saturday, 11 October 2008

Conference Venue: Ellington Hotel Berlin, Nürnberger Straße 50-55, 10789 Berlin (Germany)  
www.ellington-hotel.com



Arbeitsgemeinschaft  
für angewandte  
Humanpharmakologie e.V.

Association for Applied  
Human Pharmacology

**Congress Office**

INTERCOM Dresden GmbH  
Antje Blömeke  
Zellescher Weg 3  
01069 Dresden

Please send this registration till 10|09|2008 to:  
Phone: +49 (0)351 463 33060  
Telefax: +49 (0)351 463 37049  
Email: abloemeke@intercom.de

**Registration Form** (please complete in block characters)

First name:	
Surname:	
Company:	
Adress:	
.....	
ZIP code: ..... City: ..... Country: .....	
Phone:	Fax:
Email:	

**Conference fees**

The conference fee is payable in advance and covers 2 lunches, 1 dinner, soft drinks during the workshop and coffee breaks.

- Non-Member**  500 EUR
- AGAH-Member**  300 EUR
- attendance at the dinner (10/10/2008)**  yes  no (in fee included)

**Conditions**

The conference fee is per person, VAT will not be charged according to § 4, para. 22 German Turnover-Tax Law. Cancellation: Notification of cancellation should be submitted to Intercom Dresden GmbH in writing. In case of cancellation received before 29 August 2008 we refund 50% of the registration fee less 25€ service charge. No refund thereafter. All refunds will be settled after the Workshop. Substitution is possible.	
<input type="checkbox"/> Payment method: Bank transfer	
Bank Information: INTERCOM Dresden Bank Name: Ostsächsische Sparkasse Dresden	<b>Sorting Code:</b> 850 50 300 <b>Account No:</b> 312 025 3102 <b>IBAN:</b> DE61850503003120253102 <b>BIC/SWIFT Code:</b> OSDDDE81XXX <b>Reference:</b> AGAH 47/08; First name and Surname
Please add potential bank charges.	
<input type="checkbox"/> Payment method: Credit Card (Please fill in your credit card details on page 2)	

I accept the conditions mentioned above and transfer all fees to the indicated bank account. I agree with the cancellation conditions and the form of payment.

**Place / Date / Signature** \_\_\_\_\_

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Antje Blömeke
Zellescher Weg 3
01069 Dresden

Please send this registration till 22|08|2008 to:
Phone: +49 (0)351 463 33060
Telefax: +49 (0)351 463 37049
Email: abloemeke@intercom.de

HOTEL Registration Form (please complete in block characters)

First name:
Surname:

Table with 3 columns: Room, Single room 145,00 EUR, Double room 172,00 EUR. Rows include Comfort-Room, arrival/departure/night information, and a checkbox for no accommodation required.

All Prices are per night and per room including breakfast and 19% VAT. If the VAT increases, the rate will increase to include the additional VAT. The allocation of rooms will be made in the order of their registration arrival. A reservation is only possible, if the necessary credit card details are supplied at the time of reservation to guarantee the booking. Your credit card will not be charged until you checkout or cancel with costs. The credit card is for guarantee purposes only. The guest is responsible for payment of all charges (plus all incidental charges) directly to the hotel.

A written confirmation will be sent out by INTERCOM Dresden GmbH. You should keep a copy of the confirmation letter. Notification of cancellation should be submitted to Intercom Dresden GmbH in writing. The attendee agree that in case of a cancellation after 19 September 2008 the amount for the first night will be charged, in case of cancellation or no show after 02 October 2008 the amount for the entire booking will be charged by Intercom Dresden GmbH or the indicated hotel.

I guaranty my hotel reservation by credit card (mandatory field)

in addition

I accept a debit of the registration fee to my credit card

Visa Euro / MasterCard American Express

Credit Card Number [input boxes]

Expiry Date: [input boxes] / [input boxes] Credit Card Holder: \_\_\_\_\_

I agree with the cancellation conditions and the form of payment.

Place / Date / Signature \_\_\_\_\_