**7th International Symposium of the IZKF Erlangen “Translational Medicine” Kloster Banz, Bad Staffelstein, Germany, June 27th – 28th, 2019**

Universitätsklinikum Erlangen **Please reply until 28th February 2019**

IZKF-Geschäftsstelle

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|  |  |
| --- | --- |
| Name (Title/ first name/ name) |  |
| Institution  |  |
| Department/ Institute/ Clinic |  |
| IZKF/ SFB/ GRK; subproject number |  |
| E-Mail/ phone number |  |

Poster presentation: [ ]  yes [ ]  no

|  |
| --- |
| Title or working title of poster presentation (if applicable): |
|  |

I will participate on: [ ]  27.06.2019 [ ]  28.06.2019

I herewith book an overnight stay for the following days at the conference venue:

[ ]  27./28.06.2019  [ ]  28./29.06.2016

Desired room type:

[ ]  Single room [ ]  Half of a double room with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Name of the person the double room is shared with)

**The participation fee (including overnight stay and all meals) is 80 € per participant.**

[ ]  internal settlement Kosten-/ Finanzstelle (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  invoice (please indicate the correct billing address)

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 Place, date Signature