

ECED Innsbruck 2005

September 7-9, 2005
Innsbruck, Austria

REGISTRATION FORM

Please send back to: Austrian Network Eating Disorders, Fritz-Pregl-Str. 5, 6020 Innsbruck, Austria

Via E-mail: info@eced-innsbruck2005.at

Via FAX: +43-512-58 36 54 (for credit card payment)

One form per participant; please use capital letters

Mrs. Mr. Title _____

First name/Family name _____

Organization _____

Department _____

Address _____

Postcode _____ City _____ Country _____

Phone _____ Fax _____

E-mail: _____ @ _____

Registration Fee:

Participants € 380,00

Accompanying Persons € 130,00

Participants from Upper-middle income countries € 310,00

(see list of countries at www.wpa-cairo2005.com/world_bank.html)

Participants from Lower-middle income countries € 240,00

(see list of countries at www.wpa-cairo2005.com/world_bank.html)

PAYMENT

Bank transfer (free of charge for the recipient)

Bank Account:

**ECED INNSBRUCK 2005, Tiroler Sparkasse Bank AG, IBAN: AT 20 20503 013 0000 6879
BIC: SPIHAT22**

Please charge my credit card: **Amount: €** _____

Master Card **VISA** **American Express** **DINERS CLUB** **JBC**

Card number: _____ **Expiration date:** _____

Name of Cardholder: _____

Signature of Cardholder: _____

Credit Card Billing Address

(if different from above): _____

Date: _____ . 2005

Signature: _____

Registration will not be confirmed until payment in full.