12th International Congress on Infectious Diseases

June 15 ~ 18, 2006 • Lisbon, Portugal

For office use only!

REGISTRATION FORM

PLEASE TYPE OR PRINT IN BOLD LETTERS!

Please complete and return this form as soon as possible, along with payment, to:
12th ICID Congress Secretariat • Top Atlântico, attn. Mr. Vitor Alves • Av. Dom João II, Lote 1.16.1 • 1990-083 Lisbon • Portugal
or fax to: (+351) 218 925 406 or Register online: http://www.isid.org/12th_ICID

PARTICIPANT

Last Name ..... First Name ..... ❑ Mr. ❑ Ms. ❑ Prof. ❑ Dr.

Department .....

Institution .....

Address at Work .....

City ..... Province/State ..... Postal/Zip Code ..... Country .....

Phone ..... (country code/city code/number) Fax ..... (country code/city code/number) E-mail .....

Are you member of a National Society? If yes, please indicate the Society: .....

ACCOMPANYING PERSON(S)

Last Name ..... First Name .....

REGISTRATION FEES

PLEASE COMPLETE:

	Before/On April 15, 2006	After April 15, 2006	
Delegate/Regular Member*	❑ € 350,00	❑ € 450,00	_____
Delegate/Non-Member	❑ € 400,00	❑ € 500,00	_____
Students**	❑ € 175,00	❑ € 225,00	_____
Accompanying Persons	❑ € 75,00	❑ € 100,00	_____

*** Please attach proof of student status.*

* *To be eligible for the membership discount REGULAR MEMBERS must include their ISID membership number displayed on their ISID membership card.*

TOTAL in EURO: _____

ISID Membership Card Number ..... Expiration Date ..../..../....

PAYMENT

❑ **Option 1: CREDIT CARD**: *I hereby authorize Top Atlântico Operated by TopTours to debit my credit card account the amount of €* _____

Type of credit card ❑ American Express ❑ Visa ❑ MasterCard

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Security Code** ☐☐☐☐ Last three numbers on the back side of Visa, MasterCard.

Valid from ☐☐☐☐ (month, year) **Expiration Date** ☐☐☐☐ (month, year) **American Express Code Number** ☐☐☐☐ A four digit number found in the center right of your card

Name as it appears on the card .....

Signature of Cardholder ..... **Date** ..../..../....

Billing Address ..... **Cardholder's Birth Date** ..../..../....

❑ **Option 2: SWIFT BANK TRANSFER**

Swift bank transfers must be made **without charges to the beneficiary**, payable to "ICID Registration" in Euro, account number: 0960 2859 0001, Banco Espirito Santo, Rua Alexandre Herculano, No 38/6°, 1269-161 Lisbon, Portugal. IBAN: PT50 0007 0096 00028590001 57, BIC/SWIFT code: BESCPTPL. Please include a copy of your bank transfer with your form.

Please make sure that your name and address appear clearly on all payment documents. Bank transfers received without the name of the participant cannot be processed.

Bank drafts and checks will not be accepted for payment. ISID and Top Atlântico are not responsible for payments not sent as stated above. ***DO NOT COMBINE REGISTRATION FEES AND HOTEL PAYMENTS ON SAME BANK TRANSFER. SEPARATE PAYMENTS ARE REQUIRED.***

CANCELLATION POLICY

The registration fee less € 75,00 administration fee will be refunded for any cancellations received on or before **May 8, 2006**. Any cancellations received after this date will not be considered. All approved refunds will be issued **within 60 days** after the Congress. Only written requests will be accepted.

LIABILITY

Personal travel insurance is strongly recommended, as the ISID and Top Atlântico Operated by TopTours act as agents only in securing hotels, transport and travel services and in not event shall be liable for acts or defaults in case of injury, damage, loss, accident, delay or irregularity of any kind whatsoever during arrangements organized through contractors or the employees of such contractors in carrying out services. Hotel and transportation services are subject to the terms and conditions under which they are offered to the public in general. The Organizing Committee reserves the right to make changes where deemed necessary, without prior notice to parties concerned. All disputes are subject to the Portuguese law. We kindly ask you to authorize us by your signature to use all registration data given in this form for a computerized handling of the Congress.

Signature ..... **Date** ..../..../....

Demographic Information

Education:
- ❑ MD (or equivalent)
- ❑ PhD
- ❑ Other: _____

Primary job-related activity:
- ❑ Administration
- ❑ Teaching
- ❑ Research
- ❑ Clinical Microbiology
- ❑ Clinical Infectious Disease Care
- ❑ Other: _____

Areas of interest:
- ❑ Antimicrobial and Antiviral Resistance
- ❑ Bacterial Infections
- ❑ Clinical Microbiology
- ❑ Drug/Diagnostic Development
- ❑ Epidemiology and Public Health
- ❑ Genetics/Immunology
- ❑ HIV
- ❑ Mycology
- ❑ Mycobacteriology
- ❑ Nosocomial Infections
- ❑ Parasitic Infections
- ❑ Vaccines
- ❑ Viral (non-HIV) Infections
- ❑ Other: _____