

6th International Conference on Frontotemporal Dementia

WTC, Rotterdam, The Netherlands,

3 - 5 September 2008

REGISTRATION FORM

Family Name Initials Prof. / Dr. / Mrs. / Mr.

Mailing Address:

Institution Function

PO Box or Street Postal Code

City Country

Phone Fax

Email

A. CONGRESS REGISTRATION (✓ Please tick)	Early Fee Before July 1st	Late/On-site Fee As from July 1st	
<input type="radio"/> Delegates *	€ 495,00	€ 550,00	€
<input type="radio"/> Fellows **	€ 295,00	€ 395,00	€
<input type="radio"/> Caregivers*	€ 100,00	€ 125,00	€
		Total A	€

* Includes access to ALL SESSIONS and exhibition area, the delegate bag, a ticket for the Welcome Reception, lunches and continuous coffee/tea throughout the day.

** A letter of verification and a copy of the student pass must be attached. (Please send it by fax or mail to Congress Organization).

B. HOTEL (DEPOSIT)	Single Room (incl. taxes, excl. breakfast)	Twin Room (incl. taxes, excl. breakfast)	Hotel Deposit
Hilton Rotterdam (4*)	€ 165,00	€ 165,00	To ensure your hotel reservation a first night hotel-deposit is required. Your hotel reservation is binding on the hotel only if you guarantee it by providing your credit card details. This first night deposit will be deducted from your hotel bill when checking out. The remaining balance and extra's, will have to be paid directly to the hotel. Important: hotel reservations are on request and availability basis only.
Golden Tulip Rotterdam Centre (4*)	€ 140,00	€ 140,00	
Bilderberg Parkhotel Rotterdam (4*)	€ 180,00	€ 180,00	
Eden Savoy Hotel Rotterdam (4*)	€ 150,00	€ 150,00	
Euro Hotel Centre (3*)	€ 80,00	€ 90,00	

A non-refundable bookings fee of EUR 10,- per booking is applicable.

First Choice name hotel	Second choice Name hotel	CHECK-IN/ -OUT
Arrival in hotel _____ 2008	Departure from hotel _____ 2008	- Check-in time: 15:00 hrs. - Check-out time: 10:00 hrs. - To guarantee an early check-in or late check-out (an) additional night(s) has (have) to be requested and paid.
(✓ Please tick) <input type="radio"/> Single Room	Required first night deposit	€
<input type="radio"/> Twin Room	Required first night deposit	€
	Total B	€

C. SOCIAL PROGRAM (✓ Please tick)		
<input type="radio"/> Caregivers Dinner	... persons (max. 2) x €25,00	€
	Total C	€

FINANCIAL SUMMARY (Please complete)		
	A. Congress Registration	€
	B. Hotel Reservation	€
	C. Social Program	€
	Grand Total	€

SPECIAL NEEDS: (e.g. dietary, wheelchair etc.)

