

# REGISTRATION FORM

29<sup>th</sup> Congress of Scandinavian Society of Anaesthesiology and Intensive Care Medicine  
September 5-8 2007 – Göteborg, Sweden

50706/

PLEASE USE BLOCK LETTERS

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Title/Profession: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Street/ P O Box: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name(s) of accompanying person(s): \_\_\_\_\_ (025)

I have studied the SSAI programme and approve the planned processing of my personal data, as described in the general terms and conditions of registration.

Yes  No

## ADVANCE REGISTRATION

Date: September 5-8 2007

Price/pers.  
SEK

Total  
SEK

(Code)

### **Registration Fee excl. VAT**

(See general information on the website for more information about the registration)

*Early fee before May 31<sup>st</sup> 2007*

SSAI Member	3 500	_____	(001)
SSAI Non-member	4 000	_____	(003)
Nurse/Student	2 200	_____	(005)
One day fee: <input type="checkbox"/> 5 Sept <input type="checkbox"/> 6 Sept <input type="checkbox"/> 7 Sept <input type="checkbox"/> 8 Sept	1 500	_____	(013/015/017/019)

*Late fee after May 31<sup>st</sup> 2007*

SSAI Member	4 200	_____	(007)
SSAI Non-member	4 700	_____	(009)
Nurse/Student	2 900	_____	(011)
One day fee: <input type="checkbox"/> 5 Sept <input type="checkbox"/> 6 Sept <input type="checkbox"/> 7 Sept <input type="checkbox"/> 8 Sept	1 500	_____	(013/015/017/019)

### **Registration Fee Incl. VAT**

(See general information on the website for more information about the registration)

*Early fee before May 31<sup>st</sup> 2007*

SSAI Member	*4 375	_____	(002)
SSAI Non-member	*5 000	_____	(004)
Nurse/Student	*2 750	_____	(006)
One day fee: <input type="checkbox"/> 5 Sept <input type="checkbox"/> 6 Sept <input type="checkbox"/> 7 Sept <input type="checkbox"/> 8 Sept	*1 875	_____	(014/016/018/020)

*Late fee after May 31<sup>st</sup> 2007*

SSAI Member	*5 250	_____	(008)
SSAI Non-member	*5 875	_____	(010)
Nurse/Student	*3 625	_____	(012)
One day fee: <input type="checkbox"/> 5 Sept <input type="checkbox"/> 6 Sept <input type="checkbox"/> 7 Sept <input type="checkbox"/> 8 Sept	*1 875	_____	(014/016/018/020)

*Invited Speaker/LOC*  (021)

*Invited Sponsor*  (022)

*Exhibitor (included in package)*  (023)

<i>Exhibitor (additional)</i>	1 700 (excl VAT)	_____	(026)
<i>Exhibitor (additional)</i>	*2 125 (incl VAT)	_____	(027)

\* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

## **Refresher courses – Wednesday September 5<sup>th</sup> (please mark here the sessions you plan to attend)**

Please see the preliminary programme (on the website) for more information

RC1 (030)  RC2 (031)  RC3 (032)  RC4 (033)  RC5 (034)  RC6 (035)  RC7 (036)  RC8 (037)  RC9 (038)  RC10 (039)  RC11 (040)  
 RC12 (041)  RC13 (042)  RC14 (043)  RC15 (044)  RC16 (045)  RC17 (046)  RC18 (047)  RC19 (048)  RC20 (049)  RC21 (056)  
 M1 (057)  M2 (058)  M3 (059)

## **EVENING PROGRAMME**

Date: September 5-8 2007

Price/pers.  
SEK

Total  
SEK

(Code)

**September 5<sup>th</sup>: Welcome Reception**

Yes  No Incl. \_\_\_\_\_ (050/051)

**September 5<sup>th</sup>: Golf tournament**

Yes, I am interested in receiving more information! \_\_\_\_\_ (055)

**September 6<sup>th</sup>: Young Doctors Party**

Yes, I am planning to attend Incl. \_\_\_\_\_ (060)

**September 7<sup>th</sup>: Congress Banquet**

Dinner & Show ticket \*490 \_\_\_\_\_ (070)

(Please see the website for information about the Banquet)

Only dinner \*295 \_\_\_\_\_ (072)

\* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

Please turn over! ➡

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**TOURS AND ACCOMPANYING PERSONS PROGRAMME**

**Accompanying Persons Programme**

	Price/pers. SEK	Total SEK	(Code)
<b>September 5<sup>th</sup>: City Tour and Guide Briefing</b> <input type="checkbox"/> Yes No of persons: _____	*325	_____	(100)
<b>September 6<sup>th</sup>: Archipelago Tour</b> <input type="checkbox"/> Yes No of persons: _____	*800	_____	(110)
<b>September 7<sup>th</sup>: Manor and Castle tour</b> <input type="checkbox"/> Yes No of persons: _____	*350	_____	(120)

\* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801.

**ACCOMMODATION**

Hotels	Single room SEK/night	No of rooms	Double room SEK/night	No of rooms
Hotel Gothia Towers	1398		1798	
Elite Park Avenue Hotel	1665		1845	
Quality Panorama Hotel	1526/1706		1976	
Scandic Rubinen	1175		1475	
Scandic Opalen	1100		1400	
Spar Hotel Gårda	825		1025	
SGS Veckobostäder	410**		490**	

**Arrival:** \_\_\_\_\_ / Sept  
**Departure:** \_\_\_\_\_ / Sept

All rates are in SEK, include breakfast (Except SGS veckobostäder), service and a VAT increment of 12%. Taxes or official charges are subject to changes without notice. Reservations will only be confirmed when StoCon has received a credit card guarantee (see the website for more information).\*\*Full prepayment is necessary for bookings.

**Please note that no reservation will be confirmed unless StoCon has received a credit card number to guarantee the reservation**  
*Please use this creditcard as a guarantee for my Hotel Reservation,  I have studied and understood the cancellation policy of Stocon:*

American Express Card       Diners Card       Eurocard/Mastercard       Visa Card   
 CC-number: \_\_\_\_\_  
 Expiry date: \_\_\_\_/\_\_\_\_(Month/Year)  
 Cardholder: \_\_\_\_\_

Special requests for registration: \_\_\_\_\_

**Transport from page one SEK** \_\_\_\_\_

**Total SEK** \_\_\_\_\_

**PAYMENT**

Payment should be made in SEK, payable to Stockholm Convention Bureau. Please make sure to indicate "SSAI 2007" and your name on all money transfers.

- Banker's Draft (Personal or Company cheques can not be accepted)
- Bank Account, SEB, Stockholm No 5267-10 066 16, SWIFT-address ESSESESS  
(IBAN Account No: SE7350000000052671006616)
- Plus Giro 65 37 38-5 (Participants from Sweden and Nordic countries only)
- Bank Giro 644-8773 (Participants from Sweden only)
- Eurocard/Mastercard       Diners Club       American Express       Visa

Charge my card No: \_\_\_\_\_

With expiry date: \_\_\_\_\_ Total SEK: \_\_\_\_\_

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

**Please send  
this form to:**

**Stockholm Convention Bureau, "SSAI 2007", P O Box 6911,  
SE-102 39 Stockholm, SWEDEN. Fax No: +46 8 5465 1599**

*Please do not forget to take a copy for your own record!*