



ULTRAPATH XII

Conference on Diagnostic EM, with related Surgical, Clinical, and Molecular Pathology
Barcelona, July 11 – 16, 2004

REGISTRATION & ACCOMMODATION FORM

(Please type or print in block letters)

Last Name _____ First Name _____ Middle Name (Initial) _____
 Institution _____ Department _____
 Address _____
 City _____ State _____ Postal Code/Country _____
 Tel. _____ Fax. _____ E-mail _____

Conference Registration Fees

By May 30, 2004

After May 30, 2004

SUP member (*)	<input type="checkbox"/> 570€ (491,38€ + 16% VAT)	<input type="checkbox"/> 600€ (517,25€ + 16% VAT)
Non-SUP member	<input type="checkbox"/> 600€ (517,25€ + 16% VAT)	<input type="checkbox"/> 630€ (543,11€ + 16% VAT)
Resident-Trainee (**)	<input type="checkbox"/> 290€ (250,00€ + 16% VAT)	<input type="checkbox"/> 330€ (284,50€ + 16% VAT)
Accompanying person(s)	<input type="checkbox"/> 390€ (336,22€ + 16% VAT)	<input type="checkbox"/> 420€ (362,20€ + 16% VAT) (Number____)

Name(s) Accompanying person(s) _____

(*) Member of the Society for Ultrastructural Pathology

(**) Official proof of Resident/Trainee status must be presented

Cancellation policy

Refunds less a processing fee of 25% will be made if cancellation notice is received in writing by May 15, 2004, and of 50% if received by June 15, 2004. No refunds will be granted after June 15, 2004.

TOTAL REGISTRATION VAT INCLUDED (1) _____ **€**

Hotels and Accommodation Rates

Double Room

Single Room

<input type="checkbox"/> Fira Palace Hotel 4*	224,70€ (7% VAT included)	195,81€ (7% VAT included)
<input type="checkbox"/> NH Sant 'Angelo 3*	150,87€ (7% VAT included)	137,50€ (7% VAT included)
<input type="checkbox"/> Onix Fira Hotel 3*	154,08€ (7% VAT included)	117,70€ (7% VAT included)

Please reserve _____ room(s) Double _____ room(s) Single

Arrival date: _____ Departure date: _____

Deposit: Hotel 4* → 225,00 € Hotel 3* → 155,00 €

Hotel Conditions

- Lodging is limited and available on a first come - first served basis.
- Rates are per room and night, breakfast included (7% VAT included).
- Both payment of the corresponding hotel deposit and a credit card number must accompany the accommodation form to guarantee the room reservation. A credit card number is required although the payment of the deposit is made by another method (bank transfer or bank draft). A room reservation will NOT be processed if any of the two above mentioned requirements is not received together with the Hotel Accommodation Form.
- The advanced deposit will be deducted from the final hotel invoice.
- Any change you wish to introduce in the hotel bookings must be addressed to TILES A OPC, not to the hotel.

Room Reservation Deadline: April 30, 2004

Hotel cancellation policy

- A cancellation processing fee of 40,00 Euros will be charged if refund is requested in writing before May 1, 2004.
- Cancellations in writing between May 1 and May 31 (both included) will result in return of 50% of lodging deposit.
- Cancellations in writing between June 1 and June 25 (both included) are subject to forfeiture of the whole entire stay *.
- No shows, late arrivals, early departures, and cancellations after June 25 will be charged the full amount for the entire stay *.

* Cancellations due to extreme circumstances will only be subject to forfeiture of the deposit amount.

DISCLAIMER: The terms for cancelling reservations are set forth by the individual hotels and are applicable to room reservation blocks for meetings and/or conventions. Ultrath is not responsible for these cancellation policies.

TOTAL HOTEL DEPOSIT PAYMENT (2): _____ room(s) _____ € = _____ €
_____ room(s) _____ € = _____ €

TOTAL PAYMENT 1 & 2: _____ €

Methods of Payment

1. **By bank draft payable in Euros** to: TILESAS OPC CATALUÑA/ ULTRAPATH XII, 2004. **Please, send the draft with the Registration/Accommodation Form** to: TILESAS OPC CATALUÑA, Gran Via de les Corts Catalanes, 555, 08011 Barcelona, Spain. Tel.: (34) 93 453 73 89 - Fax.: (34) 93 323 08 12 - E-mail: ultrath2004@tilesa.es

2. **By bank transfer payable in Euros** to: ULTRAPATH XII, 2004 C/o TILESAS OPC CATALUÑA. BANCO SABADELL. Gran Via Corts Catalanes, 549 - 08011 Barcelona, Spain. Account number: 0081-0193-83-0001189826. SWIFT: BSABESBB
Note: *All bank charges must be paid by the participant. Please do not forget to include your name and address in the bank communication.*

3. **By credit card:** Visa Mastercard Eurocard
Card Number _____ Expiration date _____
Card Holder's Name _____

Signature _____ Date _____
(Authorized signature of cardholder)

Any payment received and processed by the General Secretariat TILESAS OPC CATALUÑA will be acknowledged by e-mail.

Acceptation of conditions and cancellation policies

I, _____, **accept the Registration and Accommodation conditions and cancellation policies stated in this form and the website.**

Signature _____ Date _____
(Signature required to process both the Conference Registration and Hotel Reservation)

Please, send this form (together with the bank draft if applicable) to:

TILESAS OPC CATALUÑA
Gran Via de les Corts Catalanes, 555 - 08011 Barcelona, Spain
Tel.: (34) 93.453.73.89 - Fax.: (34) 93.323.08.12 - E-mail: ultrath2004@tilesa.es