

Registration Form

First Name:

Family Name:

Profession / Title:

Affiliation:

Mailing Address:

City:

Country:

Residence Phone:

Clinic Phone:

Fax:

Mobile:

Email:

I Will Present a paper:

**Accompanying
Persons:**

Mr. Mrs.

Mr. Mrs.

Please select your Registration Fees:

	Before 1 March 2005	After 1 March 2005
Members of WFMH	USD 350	USD 400
Non Members of WFMH	USD 450	USD 500
Citizens of Developing Countries	USD 250	USD 300
Consumers / Family Members	USD 250	USD 300

Accompanying Persons

USD 150

USD 150

Students (Full Time)

USD 100

USD 150

One Day Registration for Locals

USD 70

USD 70

For Those Booking Hotels Outside the Congress Group, Add 50 USD

I enclose with this form :

Photo copy of Bank transfer

in the amount of