**7th International Symposium of the IZKF Erlangen “Translational Medicine” Kloster Banz, Bad Staffelstein, Germany, June 27th – 28th, 2019**

Universitätsklinikum Erlangen **Please reply until 28th February 2019**

IZKF-Geschäftsstelle

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|  |  |
| --- | --- |
| Name (Title/ first name/ name) |  |
| Institution |  |
| Department/ Institute/ Clinic |  |
| IZKF/ SFB/ GRK; subproject number |  |
| E-Mail/  phone number |  |

Poster presentation:  yes  no

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| --- |
| Title or working title of poster presentation (if applicable): |
|  |

I will participate on:  27.06.2019  28.06.2019

I herewith book an overnight stay for the following days at the conference venue:

27./28.06.2019   28./29.06.2016

Desired room type:

Single room  Half of a double room with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Name of the person the double room is shared with)

**The participation fee (including overnight stay and all meals) is 80 € per participant.**

internal settlement Kosten-/ Finanzstelle (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

invoice (please indicate the correct billing address)

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Place, date Signature