

REGISTRATION FORM
Scandinavian Transplantation Society – XXIII Congress
 Göteborg, Sweden – May 10-12 2006

50601/

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): _____

ADVANCE REGISTRATION

Registration Fee excl. VAT

| | Price/pers. SEK | Total SEK | (Code) |
|------------------------------------|--------------------|--------------|--------|
| <i>Participants Fee</i> | | | |
| until Febr 28 th , 2006 | 2 400 | _____ | (002) |
| from March 1 st , 2006 | 2 900 | _____ | (004) |
| <i>Nurse/Students</i> | | | |
| until Febr 28 th , 2006 | 1 500 | _____ | (006) |
| From March 1 st , 2006 | 1 750 | _____ | (008) |

Registration Fee incl. VAT

| | | | |
|--|--------|------------|-------------|
| <i>Participants Fee</i> | | | |
| until Febr 28 th , 2006 | *3 000 | _____ | (001) |
| from March 1 st , 2006 | *3 625 | _____ | (003) |
| <i>Nurse/Students</i> | | | |
| until Febr 28 th , 2006 | *1 875 | _____ | (005) |
| From March 1 st , 2006 | *2 188 | _____ | (007) |
| <i>Accompanying person; No of persons:</i> | | _____ *625 | _____ (035) |

Pre-Congress Symposium – 10 May, 18:00-20:00 (hosted by Astellas)

I would like to attend the Pre-Congress Symposium Yes No incl. (050/051)

Social Program 10 May Welcome Reception, Chalmers Conference Center Yes No incl. (060/061)

 11 May Congress Dinner at Storan Yes _____ Persons *380 _____ (070)

Special dietary requirement: _____ (800)

* Prices include VAT increment of 12%-25%. StoCon's VAT registration number is SE 556127722801. For VAT regulations please check www.sts2006.com.

ACCOMMODATION

| Hotels | Single room SEK/night | No of rooms | Double room SEK/night | No of rooms |
|--|-----------------------|-------------|-----------------------|-------------|
| Gothia Towers Hotel (Standard/sky rate) | 1 398/1 598 | | 1 798/2 198 | |
| Scandic Rubinen | 1 025 | | - | |
| Spar Hotel Gårda (single/Double for sgl use) | 700/800 | | 1 000 | |

Arrival: _____ / May

Departure: _____ / May

All rates, in SEK, include breakfast, service and a VAT increment of 12%. Taxes or official charges are subject to changes without notice. Reservations will be confirmed when StoCon has received your hotel deposit.

Hotel deposit (the first night charge): _____ SEK

TOTAL Registration & Accommodation : _____ SEK

Special requests for registration or accommodation: _____

PAYMENT

Please send this form to:
Stockholm Convention Bureau, "STS 2006",
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!

Payment should be made in SEK, payable to Stockholm Convention Bureau. Please make sure to indicate "STS 2006" 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)
- Postal 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 _____