



XXVIII. MWIA
International Congress
Münster, Germany



Form Mrs. Mr.

Titel Dr. Prof. Univ.-Prof. Ass.-Prof.

Member* yes no

First Name _____ **Surname** _____

Institute _____ **Section** _____

Address Private Hospital

Street _____

Zip Code, City _____

Country _____

Telephone _____ **Fax** _____

E-Mail _____

Companion _____

* You qualify for the reduced member fee if you are a member of your own national association of female medical doctors or if you are an individual member of the Medical Women's International Association (MWIA) directly. Should you not be sure whether your association is affiliated with the MWIA, please contact the MWIA directly: www.mwia.net

Reg Fees	Entire congress (4 days)		Dayticket
	(until 1 June 10)	(later than 1 June 10)	
Member:	<input type="checkbox"/> 195,00 €	<input type="checkbox"/> 235,00 €	<input type="checkbox"/> 125,00 €
Non-member:	<input type="checkbox"/> 225,00 €	<input type="checkbox"/> 265,00 €	<input type="checkbox"/> 145,00 €
Student:	<input type="checkbox"/> 85,00 €	<input type="checkbox"/> 115,00 €	<input type="checkbox"/> 55,00 €
Companion:	<input type="checkbox"/> 95,00 €	<input type="checkbox"/> 125,00 €	<input type="checkbox"/> 65,00 €

Get together yes _____ Ticket(s) Get-together evening in the "Regierungspräsidium" free of charge

Gala yes _____ Ticket(s) Gala evening in "Bröker's Speicher Nr.10", Friday, 30 July 2010, 7pm, 55,00 €

City Tours will be available on request

Hotel** _____
** More informationen: www.mwia2010.net

Arrival _____ **Departure** _____

Single Room **Doubleroom with:** _____

Payment **Credit Card** **Banktransfer after invoice**

Nr. _____ **Type** _____ **Validity** _____

Name of cardholder _____

Address (if different) _____