



**International Congress
on
Long Esophageal Gaps and Short Bowel Syndrome**



Preceeded by the

**5. International Workshop on Hypospadias Surgery
“Dreams and Streams in Hypospadias”**

13.-16. June 2007, Mannheim – Germany

Registration Form

Name, Titel _____

Hospital Affiliation _____

Address _____

(Street, Postal Code, Zip Code, City, Country)

Arrival Date: _____ Departure Date : _____

Phone _____ Fax : _____

Email _____

Accomp. Person: Yes No Name: _____

Registration Fees(incl. attendance to scientific sessions, coffee/lunch, welcome reception)

	Participants	Residents	Accomp. Person
By March 30, 2007	200 Euro <input type="radio"/>	100 Euro <input type="radio"/>	75 Euro <input type="radio"/>
After March 30, 2007	250 Euro <input type="radio"/>	150 Euro <input type="radio"/>	100 Euro <input type="radio"/>
Gala Dinner	50 Euro <input type="radio"/>	50 Euro <input type="radio"/>	50 Euro <input type="radio"/>
Total:			

Contact Info:

Please fax/mail this form to:

Congress Secretary: Mrs. D Ihrig

Tel: +49 (0)621 383 2709

Fax: +49 (0)621 383 3823

e-mail: Kinderchirurgie@kch.ma.uni-heidelberg.de

Bank Details

Dresdner Bank AG Mannheim

Konto Nr. 658 786 000, BLZ : 670 800 50

For international money transfer:

IBAN-Nr.: DE43670800500658786000

SWIFT/BIC-Nr.: DRESDEFF670

Purpose: SK Kinderchirurgie 784 061 “Congress June 2007” (pl. mention)