

Charité Biomedical Entrepreneurship Summit
March, 23 - 24, 2009

Registration Form

Please return via Fax to +49 (0) 30 450570-959 or summit@stiftung-charite.de

| | | | |
|---|-----------------------------------|------------|--|
| Participant | | | |
| Name | | First Name | |
| Position | | | |
| Institution | | | |
| Address | | | |
| Country | | | |
| Telephone | | Cell phone | |
| E-Mail | | | |
| Registration fee: Please transfer the fee to the account of Charité Foundation as follows | | | |
| I would like to apply for a stipend; my CV and letter of motivation are attached. | | | |
| Charité | Free | | |
| Academics/ Start-ups | 200 EUR | | |
| Professionals | 400 EUR | | |
| Account holder | Stiftung Charité | | |
| Account number | 111 0444 01 | | |
| Bank routing number | 500 700 10 | | |
| Bank | Deutsche Bank AG, Frankfurt/ Main | | |
| Reference | BME Summit 2009 / <i>name</i> | | |
| For international bank transfer, please use the following details | | | |
| BIC | DEUTDEFF | | |
| IBAN | DE55 5007 0010 0111 0444 01 | | |
| <p>Please note that the registration fee covers the complete 2-day-conference, including all conference materials and meals, but neither travel to and from the conference nor hotel charges. We can only guarantee you a place at the conference once you have paid the registration fee. Late registrants should inquire by telephone whether places are still available and pay the fee in person upon their arrival in Berlin.</p> | | | |
| Hotels in Berlin | | | |
| We have reserved rooms at approx. 100 € per night in the following hotels: | | | |
| "Albrechtshof & Allegra", Albrechtstraße 8 & 17 10117 Berlin, www.albrechtshof-hotels.de , keyword: <i>Stiftung Charité</i> | | | |
| "Best Western", Albrechtstraße 25 10117 Berlin, www.berlin-mitte.bestwestern.de keyword: <i>Stiftung Charité</i> | | | |
| "Mercure", Invalidenstraße 38 10115 Berlin www.mercure.com keyword: <i>Stiftung Charité</i> | | | |
| Please use the keyword for booking a room to get a special Charité rate. | | | |

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| | | |
|------------|--------|--------|
| Vegetarian | Kosher | Other: |
|------------|--------|--------|

Evening events (please check the box where applicable)**The fee includes participation at both evening events. Please let us know which one you would like to attend so that we may plan accordingly.**

March, 23:

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | I would like to attend |
| <input type="checkbox"/> | Unfortunately, I am unable to attend |

March, 24:

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | I would like to attend |
| <input type="checkbox"/> | Unfortunately, I am unable to attend |

Please note the following special needs that I have:

| |
|--|
| |
|--|

| | |
|------|-----------|
| | |
| Date | Signature |

Registration Team:

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Ms. Silwia Kestner

E-Mail summit@stiftung-charite.de

Ms. Andrea Schmalz