

**EUROMED CONFERENCE ON ANTIBIOTIC RESISTANCE  
IN THE MEDITERRANEAN REGION  
10 - 12 November 2006**



## **DELEGATE APPLICATION FORM**

Use 1 registration form per participant.

Please complete this form, using BLOCK LETTERS and return it, with corresponding settlement to:  
**Antibiotic Conference, Alpine Travel Ltd, Naxxar Road, San Gwann SGN 08, MALTA**

Title :

Surname:

First Name :

Organisation :

Position :

Address :

Postal Code :

City :

Country :

Tel : (to be dialled from a foreign country)

Fax : (to be dialled from a foreign country)

Email :

Accompanying person (name) :

Specific requests (disabilities...) :

Preferred workshop (tick one):

- Prevention & surveillance of antimicrobial resistance
- Improving antibiotic use in hospitals and ambulatory care
- Prevention and control of healthcare associated infections

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10 -12 November 2006  
REGISTRATION FORM**

**PARTICIPATING DELEGATE: (tick correct box)**

**Until 15 September 2006:**

Conference registration only	€150
Conference registration plus 4 nights accommodation in a 4* hotel starting 9 November 2006	€350

**After 15 September 2006:**

Conference registration only	€200
Conference registration plus 4 nights accommodation in a 4* hotel starting 9 November 2006	€400

**ACCOMPANYING PERSON: (tick correct box)**

**Until 15 September 2006:**

Registration only	€50
Registration plus 4 nights sharing accommodation with registered delegate	€150

**After 15 September 2006:**

Registration only	€75
Registration plus 4 nights sharing accommodation with registered delegate	€175

Extra nights required from      Nov to      Nov in      Single /      Double room  
(To be paid directly to hotel on date of departure)

**AIRPORT PICK-UP:**

Number of persons                      @      €15 per person    € \_\_\_\_\_

Arrival date & time:    at    am/pm

Airline:    Flight number:

**SOCIAL EVENTS:**

Event	Date	No of persons	Per person	
Maltese Night	11 Nov		€50	€ _____

**TOTAL € \_\_\_\_\_**

**PAYMENT:**

I have transferred €      to: Alpine Travel Ltd, Account No. 400 111 2413, Bank of Valletta, Naxxar Road, San Gwann, SGN08, Malta. BIC Code VALLMTMT. IBAN: MT17VALL2201300000040011112413 (Copy of bank transfer receipt is to be attached to the registration form)

Please debit my credit card with full total:      VISA                      EURO/MASTERCARD

Credit card number    Expiry date:

Signature:    Date:                      /                      /

*Cancellation of registration will be acknowledged only if made by written notification sent to the conference secretariat by fax or post. All refunds will be issued after the conference less an administration fee (15% until 1 June 2006/ 25% after 1 June 2006). No cancellations will be accepted after 15 October 2006. The participant acknowledges, by registration, that he/she has no right to lodge damage claims against the organisers in the event of cancellation due to unexpected events / force majeure or changes to the programme due to any reason.*