

REGISTRATION AND ACCOMODATION FORM

Send or fax to: Dr. med. M. Kwiatkowski
 c/o Prostate Cancer Symposium
 Dept. of Urology, Kantonsspital Aarau, CH-5001 Aarau
 Fax: ++41 62 838 47 53

You can preferably register and book your hotel via Symposium website:
www.engadin-symposium.ch

Name.....

Address.....

Zip code, city and country.....

Mobile..... Email.....

Payment by bank transfer (please enclose the copy) to:
 Stiftung Prostatakrebsforschung
 Bank account No. 770526-91
 IBAN: CH65 0588 1077 0526 9100 0 SWIFT/BIC: AHHBCH22XXX
 Bank relation: Neue Aargauer Bank, 5001 Aarau, Switzerland

Payment with credit card is not possible for upcoming Zuoz meeting.

Abstracts can be submitted per email to: maciej.kwiatkowski@ksa.ch
 Submission deadline is 31st January 2018

I am interested in MRI/TRUS fusion biopsy workshop (“first come – first served”)

I am interested in “meet the expert” workshop (“first come – first served”)

Registration fee*: 550 CHF 650 CHF (after 10th January 2018)
 (including social evening)

Assisting staff*: 250 CHF (including social evening)

Total amount due: _____ CHF

Date:..... Signature:

* cancellation fee: 150 CHF until 10th January 2018; 300 CHF until 15th February 2018;
 no fee refund after 15th February 2018.

HOTEL RESERVATION FORM

(please note that hotel reservation will take place after valid registration)

Hotel / Room Category (check one box)	1 Person	2 Persons	Preference*
Engiadina****	Double Room Standard <input type="checkbox"/> 175.-	<input type="checkbox"/> 250.-	_____
	Double Room Comfort <input type="checkbox"/> 195.-	<input type="checkbox"/> 280.-	_____
	3 Persons <input type="checkbox"/> 360.-	<input type="checkbox"/> 310.-	_____
	Double Room Superior <input type="checkbox"/> 215.-	<input type="checkbox"/> 400.-	_____
	3 Persons <input type="checkbox"/> 180.-	<input type="checkbox"/> 340.-	_____
	Single Room Comfort <input type="checkbox"/> 180.-	<input type="checkbox"/> 420.-	_____
Castell****	Junior Suite <input type="checkbox"/> 182.-	<input type="checkbox"/> 260.-	_____
	Double Room Castell <input type="checkbox"/> 201.-	<input type="checkbox"/> 290.-	_____
	Double Room Medium Pizzet <input type="checkbox"/> 223.-	<input type="checkbox"/> 315.-	_____
	Double Room Medium Inn <input type="checkbox"/> 355.-	<input type="checkbox"/> 355.-	_____
Crusch Alva***	Double Room Superior <input type="checkbox"/> 385.-	<input type="checkbox"/> 385.-	_____
	Junior Suite <input type="checkbox"/> 180.-	<input type="checkbox"/> 220.-	_____
	Double Room <input type="checkbox"/> 300.-	<input type="checkbox"/> 300.-	_____
Allegra Sur***	3 Persons <input type="checkbox"/> 186.-	<input type="checkbox"/> 242.-	_____
	Double Room (1.5 App.) <input type="checkbox"/> 186.-	<input type="checkbox"/> 242.-	_____
Allegra Golf***	Double Room (1.5 App.) <input type="checkbox"/> 186.-	<input type="checkbox"/> 242.-	_____
	Double Room (1.5 App.) <input type="checkbox"/> 186.-	<input type="checkbox"/> 242.-	_____
Klarer	Double Room Grand <input type="checkbox"/> 165.-	<input type="checkbox"/> 240.-	_____
	Double Room Basic <input type="checkbox"/> 130.-	<input type="checkbox"/> 220.-	_____

Special wishes: _____

* in case of hotel unavailability please assign alternative hotel preference from 1 to 3

All rooms are equipped with bath/WC or shower/WC

From: _____ to: _____ Number of nights: _____

The rates above are quoted in CHF per room and night, including breakfast, service charges, taxes and all other fees. These rates are for participants of Engadin Prostate Cancer Symposium and can be guaranteed only within available room contingent («first come first served» basis) until 31st January 2018. Arrival and departure date can be freely selected. A confirmed reservation can be cancelled or changed without charge up to 7 days prior to beginning of symposium date (until 21st February 2018). Later cancellations or changes (from 22nd February 2018) are considered as «no show» and full reservation will be charged. Changes of reservation and/or cancellations will be confirmed in written form. **Your credit card serves as a reservation guarantee for the chosen hotel. In case of “no show” it can be charged by the hotel directly. By signing below you agree to all the above terms.**

Credit Card: VISA MASTERCARD AMEX

Cardholder Name: _____

Number: _____ Expiry date (MM/YY): _____

Date:..... Signature: