

CONTACT INFORMATION

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

E-Mail _____

PRE-CONGRESS - COURSES (registration main congress required) **NOVEMBER 4-5, 2009**

	EARLY BIRD	AFTER SEPT 15, 2009
CADAVER DISSECTION WORKSHOP (GRAZ), NOVEMBER 4, 2009		
CAD:	<input type="radio"/> 850,- Euro	<input type="radio"/> 1.000,- Euro
LIVE PATIENT SUGERY COURSES, NOVEMBER 5, 2009		
08:00am-2:00pm A: Aesthetic Surgery of the Face	<input type="radio"/> 350,- Euro	<input type="radio"/> 450,- Euro
08:00am-2:00pm B: Aesthetic Surgery of the Body	<input type="radio"/> 350,- Euro	<input type="radio"/> 450,- Euro
PRECONGRESS WORKSHOPS, NOVEMBER 5, 2009		
09:00am-1:00pm C: Filler	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
09:00am-1:00pm D: Hairtransplantation	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
09:00am-1:00pm E: Bolulinumtoxin	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
09:00am-1:00pm F: Chemical Peeling	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
09:00am-1:00pm G: Sclerotherapy, and Laser Treatment for Varicose Veins	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
09:00am-1:00pm H: Scar Treatment	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro

MASTER COURSES **NOVEMBER 5-6, 2009**

	EARLY BIRD	AFTER SEPT 15, 2009
NOVEMBER 5, 2009		
03:00pm-7:00pm M1: Master Course for Tumor Surgery, Recon. Dermatologic Surgery and Scars	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
NOVEMBER 6, 2009		
02:00pm-6:00pm M2: Master Course Facial Rejuvenation / Fractional Laser Update	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
NOVEMBER 7, 2009		
09:00am-1:00pm M3: Master Course Dermatologic Medical SPA	<input type="radio"/> 100,- Euro	<input type="radio"/> 200,- Euro
		Total: _____ Euro

BREAKFAST SESSION (including breakfast) **NOVEMBER 6-8, 2009**

	EARLY BIRD	AFTER SEPT 15, 2009
08:00am-9:00am November 6, 2009 1, 2, 3	<input type="radio"/> 50,- Euro	<input type="radio"/> 75,- Euro
08:00am-9:00am November 7, 2009 4, 5, 6	<input type="radio"/> 50,- Euro	<input type="radio"/> 75,- Euro
08:00am-9:00am November 8, 2009 7, 8, 9	<input type="radio"/> 50,- Euro	<input type="radio"/> 75,- Euro
		Total: _____ Euro

SCIENTIFIC SESSION **NOVEMBER 5-8, 2009**

	EARLY BIRD	AFTER SEPT 15, 2009
<input type="radio"/> RESIDENT (including Industrial Exhibition, Reception and Gala Dinner) (only applicable with a copy of a confirmation of the the education hospital/practice)	<input type="radio"/> 100,- EUR	<input type="radio"/> 200,- Euro
<input type="radio"/> MEMBER ISDS (including Industrial Exhibition, Reception, Traditional eveningand Gala-Dinner)	<input type="radio"/> 500,- Euro	<input type="radio"/> 600,- Euro
<input type="radio"/> NONMEMBER (including Industrial Exhibition, Reception, Traditional evening and Gala-Dinner)	<input type="radio"/> 700,- EUR	<input type="radio"/> 800,- Euro
<input type="radio"/> MEMBER (ISDS) PHYSICIAN FROM DEVELOPING COUNTRIES (including Industrial Exhibition, Reception, traditional evening)	<input type="radio"/> 300,- EUR	<input type="radio"/> 350,- Euro
<input type="radio"/> NONMEMBER PHYSICIAN FROM DEVELOPING COUNTRIES (including Industrial Exhibition, Reception, Traditional evening and Gala-Dinner)	<input type="radio"/> 400,- EUR	<input type="radio"/> 450,- Euro
<input type="radio"/> SPOUSE PASS (including Industrial Exhibition Reception and Gala-Dinner)	<input type="radio"/> 150,- EUR	<input type="radio"/> 150,- Euro
		Total: _____ Euro

HOTEL REGSITRATION - HILTON VIENNA

Room category	number of persons	per night	arrival date/ departure date	Subtotal
<input type="radio"/> HILTON GUEST ROOM (single/double, excl. breakfast, incl. tax and service charge)	1/2	<input type="radio"/> 190,- Euro	__-__ / __ / __	Total: _____ Euro

PAYMENT **TOTAL AMOUNT** **EUR**

Please charge my credit card for payment of total: _____ Euro

- VISA MasterCard American Express

Card Number _____

Expiration Date _____

Name on Card _____

Date _____

Signature _____