

# Registration Form

International Orthognathic Surgery Forum  
Gstaad, March 13–15, 2008

*Rendez-vous  
in Gstaad!*

## Please type in capital letters

Print/type clearly, as name badges, certificates and other documents will be produced from this form. Please use one form per person; photocopy this form for colleagues if necessary, and please return this form by fax to: +41 61 319 05 19.

## Forum Secretariat:

Liliana Cserpnyak, IBRA Administration Office, St. Alban-Anlage 68, CH-4052 Basel  
Phone: +41 61 319 05 02, Fax: +41 61 319 05 19, liliana.cserpnyak@ibra.ch

## Method of payment:


All payments must be addressed to IBRA Administration Office, indicating the keyword: **International Orthognathic Surgery Forum**. Please also state the participant's name clearly (to identify your payment). Please ensure that any transfer/bank charges are covered by you.

The following methods of payment are accepted:

### Bank transfer (in EUR) to:

Bank name: Credit Suisse, CH-4002 Basel  
Bank account no.: 0060 903859-62  
Clearing no.: 4835  
Swift Code: CRESCHZZ 40A  
IBAN no.: CH71 0483 5090 3859 6200 0

### Credit Card (in EUR)

IBRA accepts the following credit cards:   

Card No.: .....

CVC (Card Verification Number: (last 3 digits on the back of the card): .....

Expiration Date: ..... / .....

ID Card/Passport Number: .....

I HEREBY AUTHORISE YOU TO CHARGE THE SUM OF \_\_\_\_\_ EUROS TO MY CREDIT CARD

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Registration Fees

Please download the registration form under [www.ibra.ch](http://www.ibra.ch)

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Forum March 13 – 15, 2008

IBRA Member:  
Non Member:

600 € (after January 650 €)  
 800 € (after January 850 €)

Gala dinner (not included in the registration fee)

(Please mark with **X**)

Friday, March 14, 2008, at 19.30

Until January 31, 2008 80 € On-site: 90 €

Yes  No

For accompanying person(s) ( \_\_\_\_\_ person(s)) 90 €

Total amount: \_\_\_\_\_ €

The registration includes:

Admission to the Forum refreshments during the breaks;  
seated lunch on March 13 – 15, 2008

## Registration is only valid after receipt of payment

### Cancellation policy:

Cancellations until January 31, 2008, will be refunded up to 10% of the amount.  
Cancellations after January 31, 2008, will not be refunded.

Please type your name and address in capital letters:

Title \_\_\_\_\_

First name \_\_\_\_\_ Surname \_\_\_\_\_

Institution \_\_\_\_\_

Departement \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Accompanying person(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_