

# REGISTRATION FORM

## NINTH INTERNATIONAL CONFERENCE ON PREIMPLANTATION GENETICS

**April 23-25, 2009**

Miami Beach Resort & Spa  
Miami, Florida  
USA



### MAIN TOPIC: PGD & STEM CELLS

- PGD Procedures on Oocytes & Embryos
- Causes of Aneuploidy as Learned from PGD & Sperm Cytogenetics
- PGD Expanding Applications
- Update of PGD Impact on IVF
- Genetic Counseling in PGD
- PGD Short-, & Long-Term Follow Up
- Stem Cells, Reprogramming, Imprinting
- PGD Modern Ethics

ORGANIZED BY PREIMPLANTATION GENETIC  
DIAGNOSIS INTERNATIONAL SOCIETY (PGDIS)

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Name \_\_\_\_\_ Family Name \_\_\_\_\_  
 Institution \_\_\_\_\_ Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

*By filling in this application form, you authorize PGDIS to use your data for the purposes of registering you for the 2009 PGDIS event in Miami.*

## Fees

Registration and Payment received	until 1 February 2009 \$	until 11 April 2009 \$	after 11 April 2009 \$
PGDIS Member	400	450	500
PGDIS Non Member	500	550	600
Student PGDIS Member	200	200	250
Student Non PGDIS Member	300	300	350
Day Registration	250	250	250

Member Rate: Current members of PGDIS can claim the discounted PGDIS member rate.

Student Rate: To be eligible for the student rate, delegates must be engaged in full time academic study, provide a copy of their student card as well a letter supporting their status from the Head of their Department at the moment of processing the registration.





Registration Fee for members and non-members and students includes:

- Admission to all scientific sessions
- Welcome Reception on wednesday, 24<sup>rd</sup> April 2008
- Admission to poster and technical exhibition
- Congress bag with congress materials
- Coffee breaks and lunches from wednesday, 24<sup>rd</sup> through friday 26<sup>th</sup> April 2009
- Certificate of attendance

Day Registration Fee for members and non-members and students includes:

- Admission to all scientific sessions during the selected day of attendance
- Admission to poster and technical exhibition during the selected day of attendance
- Coffee breaks and lunch of the selected day of attendance

TOTAL AMOUNT: \_\_\_\_\_

<input type="checkbox"/>		Number															
<input type="checkbox"/>	 *	Control number			<i>Three last digits on the reverse side of the card in or around the signature or 4 digits on the front of the card in case of American Express</i>												
<input type="checkbox"/>		Owner's Name as shown on the card															
<input type="checkbox"/>		* Payment done through American Express card has an extra charge of 10 Eur due to financial expenses															

Expiry Date

Month                      Year

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I accept to be charged for the listed total amount:

\_\_\_\_\_

Please be advised that to register you have to **fill in this form** and **send it by fax** to (001) 773.871.5221

## Cancellation Policy

### Cancellations received until 31<sup>st</sup> January 2009

For cancellations received until January, 31<sup>st</sup> 08 no penalty will be applied. All refunds will be managed once the Congress is over.

### Cancellations received until 11<sup>th</sup> April 2009

For cancellations received between February, 1st until April, 11<sup>th</sup> a 50% penalty will be applied. All refunds will be managed once the Congress is over.

### Cancellations received after 11<sup>th</sup> April 2009

Cancellations after this date will not be entitled to a refund but registrations can be transferred to substitute delegates without penalty.