



14th International Conference on

Devoted to 25th Anniversary of PGD

Please fill and send the form by e-mail to mail@rgipgd.com or fax to 001847 144 0002

MR / MRS	:	<input type="text"/>	TITLE	<input type="text"/>
LAST NAME	:	<input type="text"/>	FIRST NAME	<input type="text"/>
INSTITUTION	:	<input type="text"/>		
ADDRESS	:	<input type="text"/>		
COUNTRY	:	<input type="text"/>		
TELEPHONE	:	<input type="text"/>	FAX	<input type="text"/>
E-MAIL	:	<input type="text"/>		
ACCOMPANYING PERSON	:	<input type="text"/>		

REGISTRATION FEE

Pre-Conference Course		NGS
Member of PGDIS	<input type="checkbox"/>	\$ 250
Non-member of PGDIS	<input type="checkbox"/>	\$ 250
Student – Member of PGDIS	<input type="checkbox"/>	\$ 200
Student – Non-Member of PGDIS	<input type="checkbox"/>	\$ 250

14 th International Preimplantation Genetic Diagnosis Conference	Daily Fee	Conference Fee
Member of PGDIS	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 500*
Non-member of PGDIS	<input type="checkbox"/> \$ 300	<input type="checkbox"/> \$ 600*
Student – Member of PGDIS	<input type="checkbox"/> \$ 200	<input type="checkbox"/> \$ 300
Student – Non-Member of PGDIS	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 350
Accompanying Person		<input type="checkbox"/> \$ 150

Pre-Conference Course + 14 th International PGD Conference	Daily Fee
Member of PGDIS	<input type="checkbox"/> \$ 700*
Non-member of PGDIS	<input type="checkbox"/> \$ 800*
Student – Member of PGDIS	<input type="checkbox"/> \$ 450
Student – Non-Member of PGDIS	<input type="checkbox"/> \$ 500
Accompanying Person	<input type="checkbox"/> \$ 150

Please select the course in which you would like to participate:
*\$100 less if register early – before the end of year 2014

The conference registration fee includes; admission to all scientific sessions and the exhibition, lunch and coffee break services, conference bag and documents, final program and abstract book, certificate of attendance, technical and secretarial services and Conference dinner.

The pre-conference course registration fee includes; admission to the course, lunch and coffee break services on the day of the pre-conference course.

Daily registration fee includes; admission to all scientific sessions during the selected day of attendance, admission to poster and technical exhibition during the selected day of attendance, lunch and coffee break services during the selected day of attendance, conference bag and documents, abstract book, certificate of attendance.

Important notice!

“Student” applies to undergraduate, graduate and medical students, residents and post-doctoral research trainees. Student registrations must be accompanied by a letter from the head of the department confirming their status. Letters have to be sent to the PGDIS conference secretariat (mail@rgipgd.com). Registrations without accompanying letter will not be accepted and subsequently low fees will not apply.

Upon receipt of the registration forms with the appropriate fees, confirmation will be sent within one week.

CANCELLATION

Only cancellations made in writing (e-mail) at least 30 working days prior to the event (April 10, 2015) will be reimbursed after deduction of a \$100. – handling fee. PGDIS regrets that it will be unable to consider requests received after this date. The date of the receipt of the written request for cancellation by the PGDIS secretariat will be considered as the date of cancellation. Please note that refunds will be issued only after the end of the Conference.

CONFERENCE DINNER on May 12, 2015 **MCA**

Registration required! Please indicate the number of people

PAYMENT OPTIONS

Bank transfer in USD: Bank transfer receipt must be sent to mail@rgipgd.com and the name of the participant must be mentioned clearly on the bank receipt. Please note that **“all bank charges are to be paid by the sender”**.

Beneficiary:	VEGA INTERNATIONAL TRAVEL SERVICE	Bank:	Bank of America
Account:	5200946514	Branch:	Chicago LaSalle Street Branch
Routing number:	026009593	Swift Code:	BOFAUS3N

Credit Card: As per my registration to the 14th International Conference on Preimplantation Genetic Diagnosis, I hereby authorize my credit card to be debited as follows:

Total Amount	<input type="text"/>
Type of the Card <i>(please circle)</i>	<input type="text" value="MasterCard / VISA / American Express"/>
Bank	<input type="text"/>
Cardholder Name	<input type="text"/>
Credit Card No	<input type="text"/>
Expiration Date <i>(MM/YY)</i>	<input type="text"/>
CVV <i>(last 3 digit # at the back of the card)</i>	<input type="text"/>
Signature	<input type="text"/>