

# FTI-08 Registration Form

May 15-17, 2008, InterContinental Hotel, Berlin, Germany

(One form per active participant- please fill in clearly)

Please note that you may also register online: [www.paragon-conventions.com/fti08](http://www.paragon-conventions.com/fti08)

Mr.  Mrs.  Prof.  Dr.

Family Name (please underline) / First Name, Initials

Clinic  Hospital /  Institute /  Company:

Department

Street, No

P.O. Box Postal Code / Zip Code

FTI 2008  
c/o Paragon Conventions  
18, Avenue Louis-Casai  
5th floor  
1209 Geneva, Switzerland  
Fax: +41 (0) 227477999  
Email: [registration@paragon-conventions.com](mailto:registration@paragon-conventions.com)

City

Country State / County (where applicable)

E-mail

Telephone work Telephone home

Fax

Do not complete (for internal use)

Invited by / Part of group

Registration Fees (per person)	Prior to March 1st. 2008	Between March 1 <sup>st</sup> & May 1 <sup>st</sup> 2008	After May 1 <sup>st</sup> 2008 and onsite	:	Amount
Conference Participant	€ 440	€ 500	€ 560		
Member of related Society	€ 400	€ 450	€ 510		
Gala Dinner (No of Participants _____)		€ 70			

Accompanying Person Name / First Name

Total Fees € \_\_\_\_\_

The registration system will be closed on May 10<sup>th</sup> and will thereafter be available on site only.

## Workshop Registration – please mark the workshop you would like to attend

All Workshops are Scheduled : Thursday, May 15, 2008

\* Free of Charge for FTI08 Participants

09:30 - 10:30	<input type="checkbox"/> WS1: Imaging Sciences	<input type="checkbox"/> WS2: Intra-Lock	<input type="checkbox"/> WS3: Bicon
11:00 - 12:30	<input type="checkbox"/> WS4: Osseous	<input type="checkbox"/> WS5: MIS	
13:30 - 15:00	<input type="checkbox"/> WS6: Mectron	<input type="checkbox"/> WS7: Medical Oasis Association & Prf Process	<input type="checkbox"/> WS8: Bicon

## Satellite Symposiums Registration : Thursday, May 15, 2008 \* Free of Charge for FTI08 Participants

13:30 - 15:00	ST: FLAT ONE™ Abutment System; Cross Arch Stabilization with a Passive Fit - Intra-Lock	<input type="checkbox"/> YES <input type="checkbox"/> NO
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The total amount will be paid as follows:

Credit Card:  Visa  MasterCard  American Express  Diners

No \_\_\_\_\_

Date of expiration \_\_\_\_\_

CVV2 Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Cancellation Policy

Refund of Registration Fees will be made as follows: Up to 90 days prior to arrival-full refund less bank charges

\*\* Up to 60 days prior to arrival-cancellation charge of €50 \*\* Less than 60 days prior to arrival-no refund

Comments: \_\_\_\_\_

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

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