

30th Annual Conference of the International Society for Clinical Biostatistics

23–27 August 2009 – University of Economics – Prague, Czech Republic

REGISTRATION FORM

Please note that only fully completed registration forms with all required details will be accepted. Please use one form for each participant. Please add copy of the payment. Please use **BLOCK LETTERS**.

Congress Secretariat: GUARANT International / ISCB2009, Opletalova 22, 110 00 Praha 1, Czech Republic, Phone:+420-284 001 444,

Fax :+420-284 001 448, E-mail: iscb2009@guarant.cz

In case of interest you can register on-line through www.iscb2009.info

Please use **BLOCK CAPITALS** when completing this form !

PARTICIPANT

Surname	First name	Title
Company	Street	
City	Country	Postcode
Phone	Fax	E-mail

REGISTRATION

Registration fees: (All in EUR and per person)

	EUR Before and on June 1, 2009	EUR After 1 June and on-site	EUR
Participants:			
ISCB-Members	425	475	
Non- members	465	515	
Students ISCB-members	200	250	
Students-non members	220	270	
Pre-Conference Course Sunday August 23, 2009 (please select your choice below)*			
Fee for a full day course	300	350	
Fee for a half day course	200	250	
Students fee for a full day course	150	200	
Students fee for a half day course	100	150	
Mini-Symposium Thursday August 27, 2009 (please select your choice below)**			
Those not registered for the Conference:			
ISCB - members	200	250	
Non - members	250	300	
Conference Dinner Wednesday August 26, 2009	60		
Conference Dinner Wednesday August 26, 2009, students	35		
Tour Programme Tuesday August 25, 2009 (afternoon)			
Prague City	25		
Prague Castle	40		
Old Town and Jewish Quarter	55		
Prague by Boat	38		
Karlštejn Castle	45		
Pilsner Brewery	48		
Glassworks in Nížbor	38		

TOTAL EUR

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*** Please, select the preferred Pre-Conference Course:**

- Analysis of Incomplete Data (full-day)
- Clinical Trial Methodology (full-day)
- Longitudinal Data Analysis (half-day, morning)
- Strategies for Extracting Reliable Information from Microarray Data (half-day, afternoon)

**** Please, select the preferred Mini-Symposium**

- Mini-symposium on Biomedical Informatics
- Mini-symposium on Statistics in Vaccines Research

Please, check all appropriate boxes below

- I am applying for the ISCB30 Student Award (applications handled directly by the ISCB30 Student Awards Committee)
- I am applying for the ISCB30 Scientist Award (applications handled directly by the ISCB30 Scientist Awards Committee)
- I intend to submit an article for a special issue of *Statistics in Medicine* dedicated to research presented at ISCB30
- I agree that, if accepted, my poster/oral presentation may be posted on the Conference website following the event

Cancellation of registration

Dates	Cancellation fee
Before and on April 1, 2009	50 EUR cancellation fee
Between April 1-July 15, 2009	150 EUR cancellation fee
After July 15, 2009	100% cancellation fee

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ACCOMODATION FORM

LIST OF HOTELS

All hotels are located within reasonable distance from the Congress Venue - University of Economics:

Hotel	Category	Price in EUR SGL / DBL	Chamber of Deputies Zone*
Boscolo	*****	150 / 150	2
987 Prague Hotel	****	115 / 120	2
Bílá Labuť	****	84 / 96	3
Yasmin	****	110 / 110	2
Alfa	***	87 / 114	2
Ariston	***	65 / 86	1
Ariston Patio	***	65 / 86	1
Atlantic	***	94 / 94	3
Harmony	***	95 / 107	3
Chopin	***	92 / 104	3
Ibis Prague Old Town	***	99 / 109	3
Melantrich	***	95 / 107	3
Merkur	***	82 / 98	3
Victoria	***	75 / 90	1
Jarov I	UR	31 / 42	3
Jarov III.F	UR	28 / 36	3

UR – University Residence
*Travelling time to the Congress Venue:
Zone 1 – less than 5 min
Zone 2 – from 5 to 10 min
Zone 3 – from 10 to 17 min

1. choice

2. choice

Type of room

Date of arrival

Date of departure

Other guest in the room

TOTAL FOR ACCOMODATION

EUR

SUMMARY

Registration

EUR

Accommodation

EUR

TOTAL

EUR

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ACCOMODATION FORM

Cancellation conditions for all hotels (except University Residence JAROV)

The following cancellation conditions apply to the cancellation of a hotel reservation:

Cancellation before and on June 23, 2009:	full refund less 30 EUR cancellation fee
After June 23, 2009:	one night cancellation fee
No show:	one night cancellation fee

In case of a no show, the room will be kept for the guest until 12 noon of the day following the date of expected arrival; the room will then be released. Change of the date of arrival is possible until 12 a.m. prior to the scheduled arrival date. In case the request of a change is received after 12 a.m., 1 night cancellation fee will be charged.

Cancellation conditions:

The following cancellation conditions apply to the cancellation of a hotel reservation in University Residence JAROV:

Before and on June 23, 2009	Full refund (less 30 EUR cancellation fee)
June 24 – 30, 2009	30% of total amount
July 1 – 7, 2009	50% of total amount
July 8 – 14, 2009	90% of total amount
From July 15, 2009	100% of total amount
No show	100% of total amount

Terms of Payment

Payment should be remitted as follows:

Registration fees must be paid in Euro by:

Credit Cards

Only Mastercard/Eurocard, VISA, Diners Club and American Express credit cards are accepted.

According to the Czech law, credit cards will be charged in local currency – Czech crowns (CZK) by using the exchange rate of the Czech National Bank on the date of payment. The approximate exchange rate is 1 EUR = 25 CZK.

Bank Transfer

Please transfer the payment in EURO to:

Bank name	Ceskoslovenska obchodni banka
Bank address	Na Prikope 18, 110 00 Prague 1, Czech Republic
BIC/SWIFT code	CEKOCZPP
Account number	478 533 893
Account name	GUARANT International
IBAN	CZ69 0300 0000 0004 7853 3893
Details of payment	ISCB 2009 / participant's name

Participants name should be clearly legible otherwise the payment cannot be identified. All payments made by bank transfer have to be net of all bank charges. To simplify the identification of your payment please enclose a copy of your bank transfer with the registration form and send it to the Congress Secretariat by fax: +420 284 001 448 or send as scan copy to e-mail iscb2009@guarant.cz

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AUTHORIZATION FORM

Please take a copy of this document for your own record.

GUARANT International spol. s r.o., Opletalova 22, 110 00 Praha 1, Czech Republic
www.guarant.cz , Tel.: +420 284 001 444, Fax: +420 284 001 448, iscb2009@guarant.cz



Participant's Name and Surname

Participant's Address

Participants's Contact

Date

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize GUARANT International spol. s r.o. (Opletalova 22, 110 00 Prague 1, Czech Republic, Comercial Registration number: 4524 5401) to charge my credit card for the following payment charged for accommodation during.

Payment description

TOTAL AMOUNT TO BE CHARGED

According to the Czech law, credit cards will be charged in local currency – Czech crowns (CZK). The Congress Secretariat will use the exchange rate of the Czech National Bank on the date of payment.

CREDIT CARD DETAILS

Credit card type:

Credit card number:

Expiry date:

CVC code¹:

Cardholder's name:

Billing address²:

¹ CVC2 (MasterCard / EuroCard) or CVV2 (Visa, Diners) code is printed on the reverse side of your credit card at the signature panel, after the number of your credit card (last three digits).

² Please, do not forget to fill in the billing address (American Express only).

Cardholder's signature

Please send the completed and signed
Authorization Form to:
GUARANT International spol. s r.o.
fax number: + 420 284 001 448