
CONFERENCE REGISTRATION FORM <i>2nd Galenus Workshop: Pulmonary Drug Delivery</i>

*Please complete and return by e-mail, regular mail or fax.
Please note that the name and title you give here will be printed on your badge and the participants' list.*

Date: 18-20 September, 2013
Venue: Trinity College Dublin

1. Participants information

Family name: _____

Title: _____ ☐ Prof. ☐ Dr. ☐ other: _____ ☐ Mr. ☐ Ms. ☐ Mrs.

First name: _____

Organisation: _____

Address: _____

Postal/Zip code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

2. Conference Fee

Conference fees include admission to workshop sessions, tea/coffee, lunch, registration materials, conference dinner and city tour.

	On or before April 30 th	After April 30 th
Conference Fee	€75	€100

*Please include a copy of your valid student card/other formal identification.

I **will/ will not** be attending the **city tour** on **September 19th**.

I **will/ will not** be attending the conference dinner on **September 19th**.

Deadline for registration: 31st July, 2013

3. Dietary Requirements

Special dietary requirements for lunch:

I am **vegetarian/other** (please specify):

Special dietary requirements for reception:

I am **vegetarian/other** (please specify):

4. Payment

Please state the **conference name** and the **full name of the participant**.

The conference fee should be paid by cheque or electronic transfer to this account:

AAPS Student Chapter TCD
Allied Irish Bank
Branch Westmoreland Street, Dublin 2
A/C No: 43679040
National sort code: 93-33-84
IBAN: IE28AIBK93338443679040
BIC: AIBKIE2D

Payments should be made in **Euro**.

5. Additional Instructions

Deadlines: Prepaid Advanced Registration must be electronically submitted, faxed or mailed no later than 30th July, 2013. Please use one form per person. If you should have problems registering, please contact Carsten Ehrhardt (ehrharc@tcd.ie).

Payment Information: Registration forms must be accompanied by full payment in order to be processed.

Confirmation: Please allow 3 days for e-mailed confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full conference fee.

Date: ____/____/____

Signature: _____

Return address:

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Dublin 2, Ireland
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