

**Molecular Biology and Physiology of Water and Solute  
Transport – MIP2000**

**1<sup>st</sup> to 5<sup>th</sup> July 2000, Göteborg/Gothenburg, Sweden**

**REGISTRATION and ABSTRACT SUBMISSION FORM**

**Organisation/Company**

Department/Unit .....

Address.....

Post Code.....City.....Country.....

Phone.....Fax .....E-mail.....

**Participant**      Female ☐    Male ☐    Year of birth.....

Family name.....First name.....

Position.....

**Accompanying persons**

Family name.....First name.....

I am submitting an **abstract** with the title (please refer to instruction for abstract preparation under [gmm.gu.se/mip2000/abstracts.htm](http://gmm.gu.se/mip2000/abstracts.htm)).....

For oral presentation    ☐

For poster presentation    ☐

An extended abstract for the conference proceedings follows ☐

(please refer to the instructions under [gmm.gu.se/mip2000/proceedings.htm](http://gmm.gu.se/mip2000/proceedings.htm) to prepare your extended abstract)

I do not submit an abstract ☐

You will receive a message by 1<sup>st</sup> May 2000 if your abstract has been accepted for oral presentation

**Registration fee**

Scientist in academic department ☐

2600 SEK

Scientist in corporate department ☐

4000 SEK

If you do not want the conference book the registration fee is reduced with 300 SEK ☐

If you do not want to participate in the Conference Dinner the registration fee is reduced with 300 SEK ☐

**Social programme** (included in the registration fee)

I will participate in:

**Welcome Reception** on 1<sup>st</sup> July ☐

No. of persons.....

**Conference Dinner** on 3<sup>rd</sup> July ☐

No. of persons.....

For accompanying persons a charge for the dinner has to be paid in cash in Göteborg upon registration

### **Hotel reservation**

#### **Radisson SAS Park Avenue**

single room ☐ double room ☐

(July 1<sup>st</sup> single 850 / double 1349

July 2<sup>nd</sup> – 5<sup>th</sup> single 1100 / 1599 double)

#### **Hotel Lorensberg**

single room ☐

(single 690)

#### **SGS Student type accommodation**

single room ☐ double room ☐

(single 320 / double 420)

All hotel rates are per room per night in SEK incl VAT. Breakfast buffet incl at Radisson SAS Park Avenue and Hotel Lorensberg. All hotel costs to be paid to the hotel on departure

Date of arrival.....Date of departure.....No. of nights.....

Hotel deposit (charge for one night)

SEK.....

### **Total payment**

Registration fee

SEK.....

Hotel deposit

SEK.....

Reductions: I do not want the conference book

-300.....

I do not want to participate in the Conference Dinner

-300.....

Total

SEK.....

### **PAYMENT OF FEES**

Payment for registration fee and hotel deposit should be sent to our conference organiser MIC house ab.

Please effect bank transfer in Swedish Kronor (SEK) only via SWIFT through Skandinaviska Enskilda Banken Göteborg Sweden, a/c 5002-11-936-06 SWIFT address ESSESESG. Your registration must be followed by payment within 4 weeks to be acknowledged

Fill in this form with a computer, typewriter or block letters and return it by fax to:  
+ 46 (0) 31 40 07 13

MIC house ab

P.O Box 53246

SE-400 16 Göteborg, SWEDEN

Date.....Name (in block letters).....