



**Eighth International Conference
on the Ultrasonic Measurement and Imaging
of Tissue Elasticity[®]**
 Vlissingen, Zeeland, The Netherlands September 14 – 17, 2009

Please complete the following details in **BLOCK CAPITAL LETTERS** for each individual registering the Conference:

PhD MD Mr. Ms. Other _____

Family (Last) Name: _____

First (Given) Name: _____ MI: _____

Institution/Company Name: _____

Department: _____

Street Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Email: _____

Tel(incld country code): _____ FAX(incld country code): _____

Special Dietary Needs: _____ Other Special Needs: _____

YES NO Will Your **Spouse/Guest** Attend The Conference Dinner and Reception Dinners? (see FEES below)

Family Name: _____ First Name: _____ Special Dietary Needs: _____

Each individual registering for the Conference must complete a **SEPARATE REGISTRATION FORM**

REGISTRATION FEES: (See Page 1 for included items.)

| | Qty | Euro€ | Sub Total |
|--|-------|-------|-----------|
| Fees on or before July 20, 2009: | | | |
| Registration Fee: | _____ | €560 | _____ |
| Student Registration Fee: (Post doctoral fellows are not considered students.) | _____ | €425 | _____ |
| One-Day Registration Fee (check one only): <input type="checkbox"/> Mon, <input type="checkbox"/> Tue, <input type="checkbox"/> Wed, <input type="checkbox"/> Thu | _____ | €290 | _____ |
| Fees after July 20, 2009: | | | |
| Late Registration Fee | _____ | €660 | _____ |
| Late Student Registration Fee (Post doctoral fellows are not considered students.) | _____ | €525 | _____ |
| Late One-Day Registration Fee (check one only): <input type="checkbox"/> Mon, <input type="checkbox"/> Tue, <input type="checkbox"/> Wed, <input type="checkbox"/> Thu | _____ | €390 | _____ |
| Additional Spouse/Guest or One-Day Registrant Fees: | | | |
| Spouse/Guest or One-Day Registrant Opening Reception Dinner | _____ | €30 | _____ |
| Spouse/Guest or One-Day Registrant Conference Dinner | _____ | €40 | _____ |
| Spouse/Guest or One-Day Registrant Closing Reception Dinner | _____ | €30 | _____ |
| Total Amount: | | Euro€ | _____ |

Method of Payment:

Check payable in Euros to:
 "Stichting Katholieke Universiteit Nijmegen, Account Nr.: 537728783, ABN AMRO Bank, Reference: ITEC Conference 2009, KP: 5952098"
 Institution or Person issuing check: _____

Check#: _____ Amount enclosed Euro€ _____

Mastercard Visa AmEx (NO OTHER CARDS ACCEPTED) Amount Euro€ _____

Account Number: _____ Expiration Date: _____

3 Digit Code from Back of Card in Signature Block (CVC-code) _____

Cardholder's US Zip Code _____

Printed Name of Cardholder (in block letters): _____

Cardholder Signature: _____

If paying for more than one registrant, please provide the Names of all the Registrants included in the payment and complete a **SEPARATE REGISTRATION FORM for each individual:**

If payment is included with another registrant, please provide the name of the paying registrant:

Completing and returning the Registration Form assumes acceptance of all conditions stated above.

REGISTRANT'S SIGNATURE: _____ **DATE:** _____