

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

*******2009*******

Registration Fillable Form and Instructions

Please use this year's form which can be found on our website.

REGISTRATION PROCEDURE:

Each individual registering for the Conference must complete a **SEPARATE REGISTRATION FORM** on Page 2 **regardless of payment arrangements.**

Return each form with the correct payment by **FAX, MAIL** or **EMAIL** (pdf format attachment) to:

The International Tissue Elasticity Conference Secretariat
UTHSCH – Department of Diagnostic and Interventional Imaging
6431 Fannin Street, Suite 6.168
Houston, Texas 77030-1501, USA
Fax: +1-713-500-7694
Telephone: +1-713-500-7687
Email: elasticity.conference@uth.tmc.edu

Full registration or **full student registration** (student ID required) fees include Conference materials, all scientific sessions, coffee breaks, lunches, the Conference Dinner and Opening and Closing Reception Dinners.

Post doctoral fellows are not considered to be students.

One-day registration includes Conference materials, coffee breaks, lunch and scientific sessions for that day. Opening and Closing Reception Dinners and Conference Dinner tickets for one-day registrants and spouses/guests are available upon request for an additional charge.

A Spouse/Guest is not a paid registrant for the Conference.

See Page 2 for Fees.

Payment Information: Acceptable payment methods are:

- 1 Credit Cards:
Mastercard, Visa, and American Express
(NO OTHER CARDS ACCEPTED).
- 2 Check payable in Euros to:
"Stichting Katholieke Universiteit Nijmegen, Account Nr.: 537728783, ABN A MRO Bank, Reference:
ITEC Conference 2009, KP: 5952098"
- 3 Payment by direct bank wire transfer:
Please contact The Conference Secretariat, above, for routing information.

All payments must be **FREE OF CHARGES TO THE CONFERENCE.**

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.

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

See Page 2 for Payment Options.

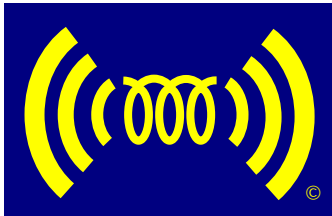
CANCELLATION:

Cancellation after **July 20, 2009** will incur a cancellation fee of **€125.**

Cancellation after **August 31, 2009**, Registration Fees are not refundable.

This form has fields which can be seen in Adobe[®] Reader by clicking the "Highlight Fields" box at the top of the window. **RENAME** this file as follows: 09RegForm Registrant's Last Name First Initials.pdf
e.g. **09RegFormSmithJA.pdf**

Fill in the form; print, sign and fax OR print, sign, scan and email. Digital signatures may be used in the signature fields.



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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.)

Fees on or before July 20, 2009 :	Qty	Euro€	Sub Total
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:** _____