



REGISTRATION FORM

Please, fill in capital letters and send to:

MICROBIOTEC2009 Secretariat, a/c Departamento de Engenharia Biológica, Universidade do Minho,
Campus de Gualtar, 4710-057 Braga, PORTUGAL

Fax: +351 253 678 986; e-mail address: microbiotec09@deb.uminho.pt

[to be returned before the 22th September]

Family name: _____ First name: _____ Title: _____

Company/University: _____

Address: _____

City: _____ Post code: _____ Country: _____

Phone: _____ Fax: _____ E-mail address: _____

NIF/VAT no.: _____ Dietary restrictions: _____

Conference Fee*	SPBT or SPM member [#]	Non-member
Delegate (shared room/single room)	<input type="checkbox"/> 350 € / <input type="checkbox"/> 450 €	<input type="checkbox"/> 400 € / <input type="checkbox"/> 500 €
Delegate (no room)	<input type="checkbox"/> 300 €	<input type="checkbox"/> 350 €
Student [†] (shared room/single room)	<input type="checkbox"/> 230 € / <input type="checkbox"/> 330 €	<input type="checkbox"/> 280 € / <input type="checkbox"/> 380 €
Student [†] (no room)	<input type="checkbox"/> 190 €	<input type="checkbox"/> 240 €
Accompanying person	<input type="checkbox"/> 120 €	<input type="checkbox"/> 120 €

* Prices with room: shared (double or triple) / single; if you choose shared room please indicate the name of the participant(s) or accomp. person(s) with whom you wish to share the room:

Sharing room with: _____

[#] Please indicate your SPM or SPBT membership number.

[†] Please send a copy of the student identity card.

Please note:

- Please complete and send the Registration Form preferably before **July 15th**, 2009.
- Registrations after **Sept. 22th** will cost an additional 20% of the listed fees.
- Onsite Registrations will cost an additional 50% of the listed fees.
- Cancellations until **Oct. 28th** are entitled to a 75% refund. No refunds after that date.
- Extra nights: please contact the Hotel management.
- Important note for authors: The contribution will be included in the program and in the CD-ROM with the accepted abstracts only after full payment of at least one registration fee per paper confirmed by Sept. 15th, 2009.



microbiotec 09

28|29|30

Novembro '09

Vilamoura

Algarve

Total amount to be remitted: _____ Euro by:

Credit Card: VISA ___ MASTERCARD ___ Cardholder's name: _____
Card Number: _____ CVV2: ___ Expiry Date: ___/___

Paid by bank transfer via SWIFT to "Caixa Geral de Depósitos", Bank address: Av. Central, 4700 Braga, Portugal;
Beneficiary name: Universidade do Minho; Largo do Paço 4704-553 Braga, Portugal
IBAN number: PT50003501710016732263015; SWIFT: CGDIPTPL
Reference: Microbiotec09 / name and surname

Participants should pay any service fee charged by the bank on their money transfer. Please use payment without any charge to the beneficiary.

Important: Please attach a copy of your bank transfer document.

For Portuguese delegates the NIB is 003501710016732263015 and the CGD account no. is 0171167322630.

Cheque enclosed of Euro _____ (payable to UNIVERSIDADE DO MINHO).

Parallel sessions, I shall mainly attend to the sessions of the following areas:

- S1 – Microbial Physiology, Molecular Biology and Functional Genomics
- S2 – Cell and Tissue Engineering, Biomaterials and Nanobiotechnologies
- S3 – Clinical Microbiology and Epidemiology
- S4 – Environmental Microbiology and Biotechnology
- S5 – Health and Pharmaceutical Biotechnology
- S6 – Cellular Microbiology and Pathogenesis
- S7 – Industrial and Food Microbiology and Biotechnology
- S8 – Bioinformatics, Comparative Genomics and Evolution

Date: ___/___/___

Signature: _____