



Registration Form

Mail or fax this registration- and accommodation form to:

MZ Travel Event, Helena Kagerup
P.O. Box 444, S-581 05 Linköping, SWEDEN.
Phone int: +46 13 37 41 30
Fax int: +46 13 37 41 29

Title_____ First Name_____ Family Name_____

Affiliation (Department/Institution)_____

Mailing address_____ Postal code_____

City_____ Country_____

E-mail_____ Fax_____ Telephone_____

Delegate fees (in SEK, including 25% Swedish V.A.T)

Registered after June 1, 2000 SEK 4500 ☐

Student fee, registered after June 1 SEK 3000 ☐

I also register for the PBL Introduction day (fee not included in ordinary registration)

SEK 1500 ☐

Special dietary requirements:



ATTENTION:

Full payment for conference fee and hotel costs should kindly be paid using MZ Travel Event postalgiro 37 57 42-4 or bankgiro account no 5644-1918, or transfer the amount direct to their bank account. Please instruct your bank to forward payment orders, collections and documentary credits direct to: SWEDBANK, S-105 34 STOCKHOLM, SWIFT ADDRESS: SWEDSESS Account/ compte no 8480-6 4.103.761-5. *All payments must be marked with invoice no and your name.*

Payment can also be made by an accepted credit card; VISA, MASTERCARD, EUROCARD, AMERICAN EXPRESS or DINERS. If you choose to pay by credit card we will charge you 4% of the total amount. Please note your credit card type with card number and expire date together with your signature and send it to MZ Travel Event.

Please, send me an invoice with the registration confirmation☐

Please, charge my credit card as stated below☐

Signature_____ Date_____

Credit card type:_____ Number:_____ Exp. Date:_____

Signature:_____ Date:_____
