



Munich, Germany, June 25 to 27 2003

President of ISLSM & President of Congress  
Prof. Dr. Dr. hc. mult. Alfons Hofstetter

Secretary of Congress  
Dr. Raphaela Waidelich

### Registration for the congress

Please use a separate invoice form for each participant

Congress Fee only EURO ( € ) accepted

| Early Registration   | (before December 31, 2002)         | Onsite Registration                |
|----------------------|------------------------------------|------------------------------------|
| Delegate             | <input type="checkbox"/> 400 € *** | <input type="checkbox"/> 500 € *** |
| One Day              | <input type="checkbox"/> 175 € **  | <input type="checkbox"/> 220 € **  |
| Accompanying         | <input type="checkbox"/> 200 € *   | <input type="checkbox"/> 250 € *   |
| Member of DGLM e. V. | <input type="checkbox"/> 150 € **  | <input type="checkbox"/> 200 € **  |
| Welcome party        | <input type="checkbox"/> 30 €      | <input type="checkbox"/> 40 €      |
| Bavarian Night       | <input type="checkbox"/> 110 €     | <input type="checkbox"/> 120 €     |
| Total                | _____                              | _____                              |

\*\*\* Includes entrance to lectures and poster shows, exhibition, congress materials, welcome party, and Bavarian night

\*\* Includes entrance to lectures and poster shows, exhibition, and congress materials

\* Includes welcome party (June 25, 2003) and Bavarian night (June 26, 2003)

### Personal Information

Academic Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Institution / Organisation \_\_\_\_\_

Address: \_\_\_\_\_

Zip-Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Method of Payment

Bank Transfer: In favour to 15TH CONGRESS ISLSM,  
POSTBANK MUENCHEN,  
IBAN: DE88 7001 0080 0048 8028 00

Credit Card:  Visa  Mastercard  American Express

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date (month/year) \_\_\_\_ / \_\_\_\_

Final amount for registration: \_\_\_\_\_ € Signature \_\_\_\_\_

In the event of a cancellation made before May 15, 2003 a 100 € administration fee will be assessed.

No refunds will be given after May 15, 2003.

This form should be sent to the Congress Office:

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Klinikum Großhadern  
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81377 Munich / Germany

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