

International Bone and Mineral Society • Davos Workshops: Bone Biology & Therapeutics • Davos, Switzerland • March 14-19, 2010

Early-registration Deadline: January 15, 2010 • REGISTER ONLINE AT WWW.IBMSONLINE.ORG

Registration Form

A. Personal Information

Last name:	Degree:	
First name:	Title:	
Department:	Institution:	
Street:		
Zip/Postal Code:	City:	State/Province:
Country:	Telephone:	
Fax:	E-mail:	

I intend to present _____ (number) Poster(s). If you have any special needs due to a disability, please let us know.

B. Registration Rates: "Early" Rates apply on or before January 15, 2010. "Advance" Registration closes February 19, 2010. "On-site" Registration, please add 50 CHF to "Advance" registration rate.

Session	IBMS Member		Non-Member		IBMS Student		Non-IBMS Student	
	Early	Advance	Early	Advance	Early	Advance	Early	Advance
Bone Biology	450 USD	525 USD	650 USD	750 USD	125 USD	150 USD	200 USD	250 USD
Bone Therapeutics	650 USD	750 USD	750 USD	850 USD	125 USD	150 USD	200 USD	250 USD
Combined	750 USD	850 USD	850 USD	950 USD	125 USD	150 USD	200 USD	250 USD

Students must provide written certification signed by their Training Mentor/Director. See below:

I, _____, certify that the individual registered at left is a student at my Institution/Company.
(Insert name of training mentor/director)

Signature _____ (signature of training mentor/director)

Cancellations

All cancellations must be made in writing. Please fax cancellation notification to +1.202.367.2173 or e-mail to registration@ibmsonline.org. Refunds minus a \$100 USD administrative fee will be granted until February 15, 2010. No refunds will be possible after February 15, 2010 at which time all sales are final.

C. Method of Payment

Full payment must accompany your registration form by completing the credit card information below or by bank transfer. Please use contacts at the bottom of the page to request bank transfer information.

Total Payment Due \$ _____

Visa MasterCard

Card Number:	Expiration Date:
Name of Cardholder (Print):	CVV Code: (three-digit code on back of card)
Signature:	Date:

Your signature authorizes your credit card to be charged for the total payment above. IBMS reserves the right to charge the correct amount if different from the total payment listed above. All information in Section A must be completed in order to register. If information is not applicable please indicate n/a in the space provided. For bank transfer information, please contact IBMS for details.

Please return the completed form at your earliest convenience to: FAX: +1.202.367.2173

Any questions please call +1.202.367.1173 or e-mail at registration@ibmsonline.org