

**4th International Conference on Pediatric Continuous Renal Replacement Therapy
Campus of University Zurich, Switzerland, February 23-25, 2006**

Deadline for abstracts:
2nd December 2005

Registration Form

AMERICAN Registrants

Family name
 First name
 Hospital/ Company
 Street, No. / P.O. Box
 Postal Code/ Zip Code
 City
 Country/State/Province.....
 Telephone business
 Telephone home
 Fax
 Email

Degree: MD Doctor of Osteopathy Renal Nurse Other (Specify)_____

Please return before January 20, 2006 to profit from reduced registration fees.

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Registration Fees - Social Events

	before Jan. 20, 2006	after Jan. 20, 2006	Costs
Physicians			
2 days fee (Friday and Saturday)	USD 320.-	USD 370.-	_____
Single day (Friday)	USD 260.-	USD 310.-	_____
Single day (Saturday)	USD 130.-	USD 180.-	_____
Assistants/ Nurses			
2 days fee (Friday and Saturday)	USD 280.-	USD 330.-	_____
Single day (Friday)	USD 220.-	USD 270.-	_____
Single day (Saturday)	USD 190.-	USD 240.-	_____
Welcome Party			
Thursday, February 23	Number of persons _____	free	_____
Gala Dinner			
Friday, February 24	_____	USD 60.-	_____

Hotel Registration

Arrival Day/Date: _____ Departure Day/Date: _____ Non-Smoking: _____

	No. of persons	No. of nights	
**** Hotel Single room (USD 210.- per person/night)	_____	_____	_____
(Marriott) Double room (USD 115.- per person/night)	_____	_____	_____
**** Hotel Single room (USD 150.- per person/night)	_____	_____	_____
(Rigihof)			
*** Hotel Single room (USD 90.- per person/night)	_____	_____	_____
(Coronado)			
Zurich Card (public transportation for 72 hours USD 25.-)	No. of cards _____		_____
TOTAL			=====

Subject to availability, rates quoted are good three days prior to February 23 and one day after February 25.
 Cutoff: November 30, 2005. Reservations received after that date are subject to availability and may not be at the same rate.
 Additional information on hotels, local transportation and two-night optional post conference ski trip will be provided after we receive your registration.

Payment

Payment method Check (make payable to PCRRT Foundation - (U.S. currency)
 CreditCard Amex MC VISA Discover

Card Number _____ Expiration Date _____

Name on Card _____

Signature _____