

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

**Registration Form - Ski trip**

**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 .....

**POSTCONFERENCE SKI TRIP**

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

**SKI TRIP**

**Davos, Morosani Posthotel\*\*\*\***

<b>2 nights</b> (February 25-27, 2005)	No. of persons	Single or double room	Total
Acc. incl. breakfast (USD 336.- per person)	_____	_____	_____
Dinner (USD 56.- per person)	_____	_____	_____
Ski pass (USD 97.- per person)	_____	_____	_____
Transfer from Zurich (USD 60 per person)	_____	_____	_____
		<b>TOTAL</b>	=====

<b>3 nights</b> (February 25-28, 2005)	No. of persons	Single or double room	Total
Acc. incl. breakfast (USD 504.- per person)	_____	_____	_____
Dinner (USD 84.- per person)	_____	_____	_____
Ski pass (USD 135.- per person)	_____	_____	_____
Transfer from Zurich (USD 60 per person)	_____	_____	_____
		<b>TOTAL</b>	=====

Subject to availability. Cutoff: November 30, 2005. Reservations received after that date are subject to availability and may not be guaranteed.

**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 \_\_\_\_\_