

EMTC 2011

PRESS & MEDIA REGISTRATION FORM		
European Medical Travel Conference 2011 from 27th to 29th of April, 2011 in Barcelona, Spain.		
NAME:	FIRST NAME:	MR. <input type="checkbox"/> MS. <input type="checkbox"/>
JOB TITLE:	COMPANY/INSTUTION:	
STREET:	NAME OF MAGAZINE/NEWSPAPER/TV/RADIO STATION:	
ZIP CODE/ CITY:		
PHONE:	COUNTRY:	
EMAIL:	MOBILE:	
ATTENDANCE		
	Tick, when YES	
Participation in the Welcome Reception (27 th 20:00 -22:00 h)	<input type="checkbox"/>	
Participation in the Gala Dinner (28 th 20:00- 22:00 h)	<input type="checkbox"/>	
Participation in the Press Meeting (28 th 10:45 – 11:30 h)	<input type="checkbox"/>	
I will bring a camera team	<input type="checkbox"/>	
I can speak English and do not need translation	<input type="checkbox"/>	
If NO, indicate language:		
For room reservation in the congress hotel contact us in Munich or download the reservation form from the website: http://www.emtc2011.com/ve.html		
SPECIAL ARRANGEMENTS		
Interviews and movie shots can be taken on site at the E.C.H.O. lounge in the exhibition zone. Please indicate in case you have specific persons/speaker in mind for an interview date:		
1. 2. 3. 4. 5. 6.		
Date:	Signature (Name in capital letters):	
All events and workshops during the conference are free of cost for me. With my signature above I confirm that I am a professional journalist/rpresentative of press/media and will send a copy of my press identification card in advance. Without proof I am aware that my presence can be refused and I am not allowed to enter the conference area for free of cost. I guarantee to send the EMTC organizer a copy of the article or media product.		
Please indicate any disability, diet restrictions, allergies here:		
Please FAX this document to: +49 89 1011 9221 For questions or assistance, call: +49 89 1011 9222 You may also mail a scanned copy to: info@emtc2011.com		