

Fifth International Workshop on
Computational Systems Biology,
WCSB 2008

June 11-13, 2008
 Leipzig, Germany

Please complete and return this form to the WCSB 2008 Secretariat:
Fax: +358 3 3115 4989

Personal Information

Title:	<input type="checkbox"/> Prof. Dr. <input type="checkbox"/> Ass. Prof. Dr. <input type="checkbox"/> Doc. Dr. <input type="checkbox"/> Dr. <input type="checkbox"/> Specialist <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		
Surname:		Name:	
Affiliation:			
Paper title :			
Address:			
City, State, Zip Code:		Country:	
Phone:		Fax:	
E-mail:		Mobile:	

Registration

Category	Registration fee in Euros (incl. handling fee)	Total €
Regular	<input type="checkbox"/> € 102.-	
Student*	<input type="checkbox"/> € 52.-	

The fee covers the dinner, BBQ, refreshments, printing of the proceedings and the proceedings CD.
 *Students should be prepared to show their student identification card at the conference registration desk.

No refunds will be issued.

Payment

Credit Card: Please charge my credit card
 VISA Master Card

Card Holder's Name: _____

Card Holder's Signature: _____

Expiry Date: _____ / _____

Credit Card Number:

Card Verification Number: (last 3 digits on the back of the card, on signature panel)

Total Amount: _____.- €