

**REGISTRATION FORM
FOR
"MEDICINE, ETHICS & JEWISH LAW"
JANUARY 8-10, 2011**

Note! One registration form per person – use block letters, please.

Name of participant _____

Address _____

E-mail _____

Telephone _____

Please, enclose payment for:

Registration fee _____ DKK

Hotel accommodation – state number of nights and price altogether

Single room _____ DKK

Double room _____ DKK

Triple room _____ DKK

Date of arrival at hotel _____

Date of departure from the hotel _____

Please note that registration is only valid when paid. The form is sent or faxed to The Jewish Community, Ny Kongensgade 6, DK-1472 Copenhagen K, Denmark. Fax 0045 33 12 33 57, Telephone 0045 33 12 88 68

Cancellation must be written, and if
Postmarked before October 15, 2010
Postmarked before December 1, 2010
Postmarked later

refund 90%
refund 50%
no refund