

Registration Form (to be faxed to +48 12 657 01 40)

PERSONAL INFORMATION

Please complete the form using block letters:

*TITLE

Mr Mrs Ms

*LAST NAME.....

*FIRST NAME.....

*ORGANIZATION.....

*ADDRESS OF ORGANIZATION.....

*ADDRESS FOR CORRESPONDENCE.....
 (if different above).....

*CITY.....

*COUNTRY.....

*POSTCODE.....

*TELEPHONE.....

*FAX.....

*MOBILE.....

*EMAIL.....

*Are you a member of EAHIL? Yes No

*Are you a first-timer at the EAHIL Workshop? Yes No

CEC COURSES

*Are you attending a CEC Course? Yes No

*If yes, please choose the course(s) you wish to attend:

WEDNESDAY, 12 SEPTEMBER 2007 Further details on website

Name of Course	Lecturer	Cost of Course	Duration	First Choice	Second Choice
Using the MESH Translation Maintenance System	Stuart J. Nelson Jacque-Lynne Schulman (USA)	85 EUR	Full Day	<input type="checkbox"/>	<input type="checkbox"/>
Using Evidence in Day to Day Practice: An EBLIP Update	Andrew Booth (UK)	85 EUR	Full Day	<input type="checkbox"/>	<input type="checkbox"/>
Statistics for the Statistically Challenged: A Primer for Understanding the Numbers and Statistics in Healthcare Research Reports	Ann McKibbon (Canada)	60 EUR	Half Day Morning	<input type="checkbox"/>	<input type="checkbox"/>
Weblogs and Mashups Services	Oliver Obst (Germany) Guus van den Brekel (Netherlands)	60 EUR	Half day Morning	<input type="checkbox"/>	<input type="checkbox"/>

"I didn't Know that Exists" - Internet Search Tools for the Biomedical Librarian	Friedhelm Rump (Germany)	60 EUR	Half Day Morning	<input type="checkbox"/>	<input type="checkbox"/>
Making Library Instruction Count: User Education Methods and Techniques	Michelle L. Zafron (USA)	60 EUR	Half Day Morning	<input type="checkbox"/>	<input type="checkbox"/>
Measuring Impact: Cost Justification for Information Services	Liz Blankson-Hemans (UK)	60 EUR	Half Day Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
Make Your Own Library Toolbar	Guus van den Brekel Dorien Kieft-Wondergem (Netherlands)	60 EUR	Half Day Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
Supporting the Evidence. Clinical Trials, Health Technology Assessment Reports, Practice Guidelines. Where to Find and How to Search Them	Chiara Bassi Vanna Pistotti (Italy)	60 EUR	Half Day Afternoon	<input type="checkbox"/>	<input type="checkbox"/>

Courses prices: full day – 85 EUR, half day - 60 EUR, two half day – 100 EUR

SOCIAL PROGRAMME (included in Registration Fee for all participants)

Please confirm your participation

Welcome Reception (Wednesday, 12 Sept)

Walking Tours (Thursday, 13 Sept)
(Please choose one of the following)

- The Royal Route
- The Traces of Jewish Culture
- NOWA HUTA

Gala Dinner (Friday, 14 Sept)

ACCOMPANYING PERSON AND SPECIAL NEEDS

*Accompanying Person Yes No

If **Yes** Name of Accompanying Person

Walking Tours (Thursday, 13 Sept) (duration: 3 hours) Further details on website
(Please choose one of the following)

- The Royal Route
- The Traces of Jewish Culture
- NOWA HUTA

Special dietary needs for yourself and/or accompanying person (e.g. vegetarian, vegan, disability, other needs)

.....

COSTS OF COURSES AND REGISTRATION FEE

Costs of Continuous Education Courses		
1 x half day	60 EUR	<input type="checkbox"/>
2 x half day	100 EUR	<input type="checkbox"/>
1 x full day	85 EUR	<input type="checkbox"/>
Registration Fee		
Early Registration (Before 31May, 2007)	340 EUR	<input type="checkbox"/>
Late Registration (After 31May, 2007)	400 EUR	<input type="checkbox"/>
Accompanying Person	155 EUR	<input type="checkbox"/>

TOTAL AMOUNT TO BE PAID (in EUR)

PAYMENT METHODS

Please note that we are unable to accept credit cards! Payments should be done either by bank transfer or cheque!

Method of payment (please choose one of the following):

Bank transfer in EUR –

Address: **Jagiellonian University Medical College, 12, Sw. Anny St., 31-008 Krakow**

Bank: **Bank Pekao S.A. III O/Krakow**

Account Number (IBAN): **PL 31 1240 2294 1978 0010 0755 5193**

SWIFT CODE: **PKOPPLPW**

Please indicate "**EAHIL 2007 and Your Name**".

All bank charges are to be paid on the account of the sender.

Cheque –

Please draw and send the cheque to: Jagiellonian University, Medical College, Sw. Anny 12 Street, 31-008 Krakow

Please indicate "**EAHIL 2007 and Your Name**".

Bank transfer in PLN –

Address: **Jagiellonian University Medical College, 12, Sw. Anny St., 31-008 Krakow**

Bank: **BPH S.A. O/Kraków**

Account Number (IBAN): **PL 58 1060 0076 0000 3200 0046 8656**

SWIFT CODE: **BPHK PL PK**

Please indicate "**EAHIL 2007 and Your Name**".

All bank charges are to be paid on the account of the sender.

If payment is by Bank Transfer please remember to fax to WORKSHOP OFFICE a copy of the bank receipt attached with the registration form FAX: +48 12657 01 40

BILLING DATA/INVOICE

Cancellations

Please note that cancellations will only be accepted until 30th July 2007. No refunds will be issued after this date.

Refunds will only be given – less 60 EUR service charge – after the conference ends.

Additional Information You May Want to Provide

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Signature,