



# 13th International Conference on Biological Inorganic Chemistry Vienna, Austria July 15 – 20, 2007

## ICBIC XIII 2007

c/o Vienna Medical Academy  
Alser Straße 4  
1090 Vienna, Austria  
Fax: +43 1 407 82 74 - Email: icbic2007@medacad.org

**REGISTRATION FORM**  
(please print or type)

### Personal Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registration Fees	Payment received before June 30, 2007
Please do not return registration form after June 30. After this date only on-site registration will be possible.	
SBIC Members	<input type="checkbox"/> EUR 650,-
Non-Members	<input type="checkbox"/> EUR 700,-
Students* and retired - SBIC members**	<input type="checkbox"/> EUR 320,-
Students* and retired - Non-Members**	<input type="checkbox"/> EUR 370,-
Industry Representatives	<input type="checkbox"/> EUR 950,-
Accompanying Persons	_____ Nr. of persons à <input type="checkbox"/> EUR 100,-
- My accompanying person(s) will attend the conference concert	<input type="checkbox"/> EUR 0,-
*Please provide a copy of a Student's ID or a confirmation signed by the head of department. Confirmations handed in at a later stage cannot be considered. **Retired SBIC members or non-members are kindly requested to fax a proof of status together with an informal application to +43 1 407 82 74	

Social Events <i>Please enter the appropriate number of persons in the box.</i>		
<input type="checkbox"/> <b>Welcome Reception</b> Sunday, July 15, 2007, 19.00 hrs	_____	No Fee, but registration is necessary
<input type="checkbox"/> <b>Conference Concert</b> Monday, July 16, 2007, 20.00 hrs	_____	EUR 20,- p.p. for participants only
<input type="checkbox"/> <b>Social Dinner (Heuriger)</b> Friday, July 20, 2007, 18.00 hrs	_____	EUR 35,- p.p.
<input type="checkbox"/> <b>Lunch Boxes</b> (incl. 1 Drink): EUR 6,- per lunch box per day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Vegetarian		

Survey - Please let us know the 3 concurrent sessions you are most likely to attend.	
<input type="checkbox"/> 1. Metals in medicine – therapeutics and diagnostics <input type="checkbox"/> 2. Metalloproteins <input type="checkbox"/> 3. Metal interactions with DNA/RNA/nucleotides <input type="checkbox"/> 4. Bioinspired coordination chemistry <input type="checkbox"/> 5. Bioinspired catalysis <input type="checkbox"/> 6. Metal trafficking (transport and regulation)	<input type="checkbox"/> 7. Electrontransfer and radicals <input type="checkbox"/> 8. Metal-based environmental chemistry <input type="checkbox"/> 9. Biomineralization <input type="checkbox"/> 10. Bioinorganic clusters and nanoparticles <input type="checkbox"/> 11. Metal sensors in biology <input type="checkbox"/> 12. Biophysical and theoretical calculations on metal-clusters and -proteins

Payment Modalities
<input type="checkbox"/> I made a bank transfer <b>free of charge for the beneficiary</b> to the congress account "ICBIC 2007 ", at the Erste Bank, Alser Str.23, 1080 Vienna, Austria: <b>IBAN: AT57 2011128036580378, SWIFT: GIBAATWW</b> Account no.: 280 365 803 78, Bank Code: 20111
<input type="checkbox"/> Cheque. Bank cheques without charge to the beneficiary, should be payable to "ICBIC 2007" c/o Vienna Medical Academy, Alser Straße 4, 1090 Vienna, Austria.
<input type="checkbox"/> Please charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners Club
Card no.: ...../...../...../.....    Expiry date:...../.....
Name and Signature of the Cardholder: _____

Date: \_\_\_\_\_ Signature: \_\_\_\_\_