

## REGISTRATION FORM | COURSE

AGAH COURSE | 14 - 16 NOVEMBER 2013 Part 1  
13 - 15 FEBRUARY 2014 Part 2

Page 1 of 2



### THE BASICS OF HUMAN PHARMACOLOGY

An Introduction to the basics of human pharmacology and the practical, regulatory and ethical aspects of early phase clinical trials.

Arbeitsgemeinschaft  
für angewandte  
Humanpharmakologie e.V.  
Association for Applied  
Human Pharmacology

### COURSE VENUE

Seminarzentrum und Gästehaus der SRH Business Academy GmbH  
Bonhoefferstraße 12 | 69123 Heidelberg | [www.seminarzentrum.srh.de](http://www.seminarzentrum.srh.de)

### COURSE OFFICE

CSi Hamburg GmbH  
Falkenried 88 | 20259 Hamburg  
E-Mail: [info@csihamburg.de](mailto:info@csihamburg.de)

Please send this registration until **01|11|2013** to:

Telefax: +49 40 846097 60  
Phone: +49 40 307720 97

### PLEASE COMPLETE IN BLOCK CHARACTERS

Title   First name   Surname		
Company/Affiliation		
Address		
ZIP code	City	Country
Phone	Telefax	
E-Mail		

**ATTENDANCE FEE** - payable in advance, including admission to all sessions and breaks.

Part 1 **or**  Part 2 (2 ½ days)

Part 1 **and** Part 2 (2 x 2 ½ days)

**Member\***  1.000 EUR  
**Non Member**  1.250 EUR  
**Students**  750 EUR

**Member\***  1.750 EUR  
**Non Member**  2.000 EUR  
**Students**  1.300 EUR

\* AGAH  CPI  AHPPI  BAPU  DGPharMed  DGKliPha

**Accommodation**  required (please use page 2 of this form)  
 not required

### CONDITIONS

The course fee is per person and charged on behalf of the AGAH e.V. VAT will not be charged according to § 4, para. 22 German Turnover-Tax Law. All bookings are subject to change. Cancellation: Notification of cancellation should be submitted in writing. In case of cancellation received before 02 October 2013 (Part 1 only and Part 1 and 2) | 02 January 2014 (Part 2 only) we refund 50% of the registration fee less 25 € service charge. No refund thereafter. All refunds will be settled after the Workshop. Substitution is possible.

**Payment method:** Bank transfer upon receipt of the invoice and payment order.

I accept the conditions mentioned above. I agree with the cancellation conditions and the payment procedure.

Signature/Date \_\_\_\_\_

# REGISTRATION FORM | ACCOMMODATION

**AGAH COURSE** | 14 - 16 NOVEMBER 2013 Part 1  
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## WORKSHOP OFFICE

CSi Hamburg GmbH  
Falkenried 88 | 20259 Hamburg  
E-Mail: [info@csihamburg.de](mailto:info@csihamburg.de)

Please send this registration until **30|09|2013** to:

Telefax: +49 40 846097 60  
Phone: +49 40 307720 97

## PLEASE COMPLETE IN BLOCK CHARACTERS

First name
Surname

<b>Accommodation</b> – Room block is limited!	<b>Single room</b>
<b>GUESTHOUSE of SRH Business Academy GmbH</b> *Breakfast included	<b>75,00 EUR*</b>
Arrival:                      Departure:                      Nights:	<b>Part 1</b>
Arrival:                      Departure:                      Nights:	<b>Part 2</b>
Remarks:	

The prices are per room/night including the mentioned services and VAT valid upon request and subject to availability. Please understand that a hotel booking is only possible if a guarantee by credit card or a written guarantee (assumption of cost by the buyer) is given.

A written confirmation will be send to you separately. The room will be held for late arrival. The credit card is for guarantee purposes only. To cancel without cost, you must notify CSi Hamburg GmbH in writing at least until 06 weeks before arrival. From 3 weeks before arrival, the Hotel will charge 50%; less than 03 weeks before arrival the hotel will charge 80% of the booked accommodation. If you do not show up at the hotel ("No Show"), 90% of the accommodation will be charged by the indicated hotel. Your credit card will not be charged until you checkout or fail to cancel before the deadline. The guest is responsible for payment of all charges (room and all incidental charges) directly to the Hotel.

**I guarantee my Hotel reservation by credit card** (mandatory field):

Visa       Euro / MasterCard       American Express

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Credit Card Holder \_\_\_\_\_ Card ID \_\_\_\_\_

Or by a written insured assumption of costs (to be send separately).

I agree with the conditions mentioned above.

Signature/Date \_\_\_\_\_