CONFERENCE REGISTRATION FORM
5th International Conference on Radionuclide Metrology
Low-Level Radioactivity Measurement Techniques, ICRM-LLRMT’08
September 22 – 26, 2008, Braunschweig, Germany

Please complete and send back this form to the Conference Secretariat
at your earliest convenience. Please use capital letters.

Telefax: +49-531-592-6305

Participant
Last name: .................................. First name: .................................. Title: ...........
Organisation: ......................................................................................................................
Address: ..................................................................................................................... .
......................................................................................................................
......................................................................................................................
Country: ..................................................................................................................... .
Telephone: ................................................... Telefax: .................................................
E-mail: ......................................................................................................................

Accompanying person
Last name: ............................... First name: ............................... Title: ...........

Registration fees

<table>
<thead>
<tr>
<th>Before July 15, 2008</th>
<th>After July 15, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Registration Fee</td>
<td>400,- EURO</td>
</tr>
<tr>
<td>Additional Dinner Ticket (only for accompanying person)</td>
<td>60,- EURO</td>
</tr>
</tbody>
</table>

Total fees remitted with this form .......................... EURO

Payment

☐ Bank transfer to: PTB account at Volksbank Vechelde-Wendeburg;
  IBAN: DE95 2506 9370 0104 8198 00   BIC: GENODEF1WBU
  (For German participants only: Konto Nr. 104 819 800; BLZ 250 693 70)
  Indicate your name and the reference ICRM-LLRMT 08 on the bank transfer.
  Bank transfers must be made net of all bank charges and commission.

☐ Credit card  ☐ VISA-Card  ☐ MASTER/EURO-Card
Cardholders name: ............................................... Expiration date: ....................
Card number: .............................................................................................................

Cancellation

Must be made by letter or by telefax. The registration fee will be refunded with a
deduction of 50,- EURO if cancellation is made before July 15, 2008. No refunds will
be possible for any cancellation made after July 15, 2008.

Signature: ............................................... Date: ........................................