



IOF WCO-ECCEO10 | May 5-8, 2010 | Florence, Italy

PLEASE RETURN THIS FORM BY FAX OR BY MAIL TO:

MCI Suisse SA (Official Registration Agency)

on behalf of IOF WCO-ECCEO10 Congress

75, rue de Lyon, CH-1211 Geneva 13 - Switzerland

Tel : +41-22-33 99 594 - Fax : +41-22-33 99 631 - E-mail : iof-ecceo10.reg@mci-group.com

INDIVIDUAL REGISTRATION FORM (please fill in CAPITAL letters)

Prof/Dr/Mrs/Mr/Ms _____ First Name _____ Family Name _____

Company / Institution _____

Mailing Address _____

Postal code _____ City _____ Country _____

Telephone Country code _____ Area code _____ Number _____

Fax Country code _____ Area code _____ Number _____

Email _____

Accompanying person(s) name(s) _____

Profiling of Registrant

| | | |
|--|---|--|
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Rehabilitation Physician | <input type="checkbox"/> Post-doctoral researcher / Fellow |
| <input type="checkbox"/> Rheumatologist | <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Scientist |
| <input type="checkbox"/> Geriatrician | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Industry Scientist |
| <input type="checkbox"/> Orthopaedic Surgeon | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Industry Business |
| <input type="checkbox"/> Radiologist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Media |
| <input type="checkbox"/> Internist | <input type="checkbox"/> Other Allied Health Professional | <input type="checkbox"/> Other _____ |

Profiling of Organisation/Employer

| | | |
|---|--|--|
| <input type="checkbox"/> Public/general hospital or affiliate | <input type="checkbox"/> University | <input type="checkbox"/> Non-governmental organisation |
| <input type="checkbox"/> Private hospital/practice | <input type="checkbox"/> Community health | <input type="checkbox"/> Industry |
| | <input type="checkbox"/> Research laboratory | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Health department / other governmental organisation | |

IOF Congress Membership (NEW)

| | | |
|--|------------------------------|-----------------------------|
| I wish to benefit from the offer and become an IOF Congress Member for free for one year and be entitled to register at the Registration Member fee (VAT exempted) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

IOF Membership

| | | |
|--------------------------------|------------------------------|-----------------------------|
| I am already a Member of _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--------------------------------|------------------------------|-----------------------------|

Special Needs

| | | |
|--|------------------------------|-----------------------------|
| It is important to us that you enjoy the IOF WCO-ECCEO10 Congress. If, due to a disability, you have any special needs, please let us know and we will do our best to assist you. Please specify: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

Registration Fee

Please tick the appropriate box

| Categories | Early-Bird Until Mar 10, 2010 | Pre-Registration Mar 11 – April 30, 2010 | From May 1, 2010 + On-site (May 5-8, 2010) |
|---|----------------------------------|---|---|
| Non-Member | <input type="checkbox"/> 775.- € | <input type="checkbox"/> 875.- € | <input type="checkbox"/> 975.- € |
| Member* | <input type="checkbox"/> 715.- € | <input type="checkbox"/> 775.- € | <input type="checkbox"/> 875.- € |
| Student/Fellow/Allied Health Professional** – Member* | <input type="checkbox"/> 230.- € | <input type="checkbox"/> 250.- € | <input type="checkbox"/> 280.- € |
| Student/Fellow/Allied Health Professional** – Non-Member | <input type="checkbox"/> 290.- € | <input type="checkbox"/> 310.- € | <input type="checkbox"/> 340.- € |

* Those persons for which one of the following two definitions below are applicable.

- IOF Member – A member of either the IOF or ESCEO Board, or IOF Committee of Scientific Advisors (CSA), or the IOF representative in the Committee of Corporate Advisors (CCA) or a member of one of IOF national or patient societies (CNS) - (for a complete and current list, please visit our website at <http://www.iofbonehealth.org/about-iof/member-societies>)
- IOF Congress Member – you have the new opportunity to choose to become a Congress Member of IOF. This new membership is free for 1 year and will entitle you to register at the Member Registration Fee.

** A certification and signature from either a mentor/supervisor verifying training/degree status or from an employer verifying paramedical/non-doctoral status must be included when registering.

All registration fees include Italian Value Added Tax(VAT) for all categories with the exception of IOF Members and IOF Congress Members registration fees that have been exempted according to article 4, paragraph 4 of D.P.R no3 633/72 of the VAT (Italy).

Total to be paid

€ _____

| Participant's registration fee includes: | The registration fee does not include: |
|--|---|
| <input checked="" type="checkbox"/> Admission to all Plenary Sessions, Meet-The-Expert Sessions, Satellite Symposia, Poster Sessions and Exhibition Area <input checked="" type="checkbox"/> One copy of the Programme & Abstract Book <input checked="" type="checkbox"/> A Congress bag containing official material and a Congress badge <input checked="" type="checkbox"/> A certificate of attendance <input checked="" type="checkbox"/> Welcome Cocktail | <input type="checkbox"/> Airport transfers <input type="checkbox"/> Local transportation to the Congress venue <input type="checkbox"/> Meals & drinks <input type="checkbox"/> Accommodation <input type="checkbox"/> Excursions <input type="checkbox"/> Insurance |

Meet-The-Expert

One per Morning or Afternoon Session: Please tick the appropriate box(es)

| THURSDAY MAY 6, 2010 | |
|--|--|
| Morning sessions (11:05 to 12:05) | Afternoon sessions (14:30 to 15:30) |
| <input type="checkbox"/> Practical approach of glucocorticoid-treated patients | <input type="checkbox"/> Side effects of antifracture drugs |
| <input type="checkbox"/> Bone disease in primary hyperparathyroidism | <input type="checkbox"/> Post-fracture management |
| <input type="checkbox"/> BMU balance: Effects of antiosteoporotic agents | <input type="checkbox"/> Vertebro/kyphoplasty |
| <input type="checkbox"/> Epidemiological aspects of osteoporosis | <input type="checkbox"/> Pharmacogenomics |
| <input type="checkbox"/> Optimal dose of vitamin D | <input type="checkbox"/> Issues in designing and conducting clinical trials |
| <input type="checkbox"/> Assessing bone strength beyond DXA | <input type="checkbox"/> Muscle and bone interaction |
| <input type="checkbox"/> Fracture healing: Can we influence it? | <input type="checkbox"/> Genetics and osteoporosis: How to assess it? |
| <input type="checkbox"/> Bisphosphonates in chronic renal failure | <input type="checkbox"/> Premenopausal osteoporosis |
| <input type="checkbox"/> Health economics and treatment selection | <input type="checkbox"/> Gait and falls |
| <input type="checkbox"/> Osteoporosis in men | <input type="checkbox"/> BMU balance: Effects of antiosteoporotic agents |
| FRIDAY MAY 7, 2010 | |
| Morning sessions (11:05 to 12:05) | Afternoon sessions (14:30 to 15:30) |
| <input type="checkbox"/> Side effects of antifracture drugs | <input type="checkbox"/> Practical approach of glucocorticoid-treated patients |
| <input type="checkbox"/> Post-fracture management | <input type="checkbox"/> Bone disease in primary hyperparathyroidism |
| <input type="checkbox"/> Pharmacogenomics | <input type="checkbox"/> Vertebro/kyphoplasty |
| <input type="checkbox"/> Epidemiological aspects of osteoporosis | <input type="checkbox"/> Muscle and bone interaction |
| <input type="checkbox"/> Issues in designing and conducting clinical trials | <input type="checkbox"/> Optimal dose of vitamin D |
| <input type="checkbox"/> Genetics and osteoporosis: How to assess it? | <input type="checkbox"/> Assessing bone strength beyond DXA |
| <input type="checkbox"/> Premenopausal osteoporosis | <input type="checkbox"/> Fracture healing: Can we influence it? |
| <input type="checkbox"/> Bisphosphonates in chronic renal failure | <input type="checkbox"/> Gait and falls |
| <input type="checkbox"/> Osteoporosis in men | <input type="checkbox"/> Health economics and treatment selection |

First Name _____ Family Name _____

Conditions of Payment (Please tick the appropriate box)

Payments: All payments must be made in Euros payable to MCI Suisse SA "IOF-ECCEO 2010" - 75 rue de Lyon, CH-1211 Geneva 13, Switzerland". No confirmation will be sent until MCI Suisse SA has received the payment.

By bank transfer, in Euros (€) made payable to:

MCI SUISSE SA , Rue de Lyon 75, CH-1211 Geneva 13, Switzerland

Bank Name/Address: UBS SA - CP 2600 – CH-1211 Geneva 2 - Switzerland

Account N°: 240-369.393.71L Clearing N°: 240

Swift/BIC: UBSWCHZH80A IBAN: CH18 0024 0240 3693 9371L

- Please indicate your first and family name, your registration number (mentioned on the registration invoice), and "IOF WCO-ECCEO10 Congress".
- All costs have to be covered by the ordering customer and please mention "free of charge for the receiver account" on all payments.

First Name: _____ Family Name: _____

By credit card. I authorise MCI Suisse SA to charge my credit card for the total amount indicated above:

American Express

Eurocard /MasterCard

Visa

Cardholder's name: _____ Card number: _____

Expiry date: _____ Security code(CVC): _____

Signature and date: _____

°CVC: Your card security code is a three or four digit number. For Visa and Eurocard, the code is the last three digits printed on the signature strip on the back of the card. For American express, the code is the four digits printed on the front of the card.

Confirmation

- Confirmation and receipt will be sent on receipt of the registration form and payment.
- Please present your confirmation letter at the Registration Desk in order to obtain meeting documentation and badge.

Payments, Cancellation and Refunds

Individual Badge Name Changes (Substitution of Registration)

An administrative fee of 65 € per badge will be charged for a badge name change after March 15, 2010. Written permission from the original participant will be required, along with full contact details of the substitution.

Individual Cancellation & Refund Policies

Notification of cancellation and refund requests must be submitted in writing, preferably by e-mail, by March 15, 2010 to the Official Registration Agency (MCI Suisse SA) at the contact details listed below. An administrative fee of 20% will be deducted from the total amount originally due/charged. All refunds will be made after the Congress. No refunds will be given for cancellations received after March 15, 2010.

Lost Badge / Forgotten Badge

In case of a lost or forgotten badge, an administrative fee of 65 € will be charged for the reprint of the badge after verification of identification (passport, driving license or other recognized identification paper).

Liability and Insurance

The Congress organizers (IOF and ESCEO), the Congress Venue (Firenze Fiera S.p.A.), its official appointed agencies for Registration (MCI Suisse SA), the Hotel Accommodation Agency (Tour Orange) and the Exhibition Organizer (YP Communication) and any suppliers, representatives or agents linked to the organization of the Congress shall not be held liable by any person for any injury, damage, theft, loss, medical problem or inconvenience which may be suffered by any person while traveling to or from, or during such person's presence in Italy in connection with this Congress. Participants and their guests are advised to purchase their own insurance against any such occurrences.

Cancellation or Modification of the Congress due to Force Majeure

In case of force majeure, the Congress organisers have the right to alter or cancel the Congress without prior notice, however a notice of the occurrence shall be given by IOF or ESCEO as soon as reasonably possible. Force majeure shall mean any circumstance beyond the reasonable control of IOF or ESCEO which prevents or impedes the holding of the Congress, including, but not limited to, government action, war or hostilities, riot or civil commotion, plague or other epidemic such as SARS, bird flu, etc, earthquake, flood, hurricane, cyclone, fire or other natural physical disaster, explosion, accident or breakdown, strike, lack of the usual means of transportation or terrorism or due to events which are not attributable to wrongful intent or gross negligence of the IOF and ESCEO. IOF and ESCEO shall not be liable for any direct or indirect, incidental or consequential damages, losses, expenditures or any other inconveniences or costs caused by such modification or cancellation of the Congress. Furthermore, registration fees will not be reimbursed by IOF or ESCEO.

Disclaimer

All reasonable endeavours will be made to hold the Congress and to present its programme as scheduled under circumstances which assure the comfort and safety of all participants and their guests. However, the IOF and/or ESCEO reserve the right to modify the programme, unilaterally and without notice.

Neither IOF or ESCEO, nor their officers, directors, employees, representatives or agents, shall be held liable by any person as a result of the cancellation of the Congress or any of the arrangements, programmes or plans connected therewith, or for any injury, damage or inconvenience which may be suffered by any person while traveling to or from, or during such person's presence in Italy in connection with this Congress. Participants and their guests are advised to purchase their own insurance against any such occurrences.

Any litigation stemming from the above contract will be tried in Nyon, Switzerland where the Swiss law is exclusively applicable.

First Name _____ Family Name _____ Signature _____ Date _____