

11<sup>th</sup> Nordic-Baltic Conference on Biomedical Engineering  
6-10 June 1999 \* Tallinn, Estonia

**REGISTRATION FORM**

TITLE : \_\_\_\_\_ NAME : \_\_\_\_\_  
First name Surname

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

Street Postal Code, City Country

TEL : \_\_\_\_\_ FAX : \_\_\_\_\_ EMAIL : \_\_\_\_\_

<b>PARTICIPATION FEE</b> (fill <b>one</b> of the following blocks)	<b>Before March 28</b>	<b>After March 28</b>
For IFMBE / IEEE EMBS Member	<input type="checkbox"/> 500 DEM	<input type="checkbox"/> 650 DEM
For non-members <span style="float: right;">Membership number</span>	<input type="checkbox"/> 600 DEM	<input type="checkbox"/> 750 DEM
For students (a photocopy of the student card required)	<input type="checkbox"/> 150 DEM	<input type="checkbox"/> 250 DEM

<b>PRECONFERENCE TUTORIAL COURSES June 5 - 6</b>	<b>Before March 28</b>	<b>After March 28</b>
<b>1. BIOELECTROMAGNETISM</b>		
Normal participation fee	<input type="checkbox"/> 200 DEM	<input type="checkbox"/> 300 DEM
Student participation fee ( a photocopy of the student card enclosed)	<input type="checkbox"/> 120 DEM	<input type="checkbox"/> 160 DEM
<b>2. PHYSIOLOGICAL SIGNAL AND IMAGE PROCESSING</b>		
Normal participation fee	<input type="checkbox"/> 200 DEM	<input type="checkbox"/> 300 DEM
Student participation fee ( a photocopy of the student card enclosed)	<input type="checkbox"/> 120 DEM	<input type="checkbox"/> 160 DEM
<b>3. BIOMECHANICAL CHARACTERISTICS OF THE WALL OF THE GREAT VESSELS OF CIRCULATORY SYSTEM</b>		
Normal participation fee	<input type="checkbox"/> 200 DEM	<input type="checkbox"/> 300 DEM
Student participation fee ( a photocopy of the student card enclosed)	<input type="checkbox"/> 120 DEM	<input type="checkbox"/> 160 DEM

<b>BANQUET ( June 9 )</b>	<input type="checkbox"/> 80 DEM	<input type="checkbox"/> 80 DEM
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<b>TOTAL :</b>	_____ DEM	_____ DEM
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<b>METHOD OF PAYMENT :</b> (Fill in <b>one</b> of the following blocks)	
<input type="checkbox"/> Cheque enclosed. Make cheque payable to the <i>Estonian Society for Biomedical Engineering and Medical Physics</i>	
<input type="checkbox"/> Bank/wire transfer (copy enclosed) to the account of <i>Estonian Society for Biomedical Engineering and Medical Physics</i> HANSAPANK, SWIFT: HABA EE2X Account No. 221010893730	
Credit card :	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card no : _____	Date of expire _____ / _____ month year
Card statement address (i.e. owner's name and home address) : _____	
<b>DATE :</b> _____	<b>SIGNATURE :</b> _____

<b>PAPER SUBMISSION INFORMATION</b>			
<input type="checkbox"/> Paper enclosed	<input type="checkbox"/> Paper submitted earlier	<input type="checkbox"/> Paper will be submitted	<input type="checkbox"/> No paper
Title of the paper : _____			

**MAIL OR FAX TO: Secretariat of the 11th NBCBME, Biomedical Engineering Centre,  
Tallinn Technical University, Ehitajate Road 5, 19086 TALLINN, ESTONIA Fax +372 620 2201**