

# Conference Registration Form

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I would like to register for the conference „Suffering in Medicine, Theology and Medical Ethics“:

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Last Name First Name

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Address Zip Code, Country

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Phone E-Mail

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Organization

I am a student. (Please enclose documentary evidence)

I will transfer the Conference fee of 120,-€ (for students 60,-€) to the designated bank account.

I would like to attend the Conference Dinner on March 9th. (Additional charge of 40€)

**Deadline for registration** is February 28<sup>th</sup> 2017. The registration is valid with the receipt of payment.

**Bank Account:**

Recipient: Goethe-Universitaet

**IBAN: DE95 5005 0000 0001 0064 10**

**BIC: HELADEFXXX**

**Usage: 30070110 / 50090020**

Please send completed form

by mail to [ethik-in-der-klinikseelsorge@em.uni-frankfurt.de](mailto:ethik-in-der-klinikseelsorge@em.uni-frankfurt.de)

or by fax to **+49 (0)69-798 33354**.

**Contact:**

Goethe-University Frankfurt am Main Fachbereich

07: Medizinethik in der Klinikseelsorge/Medical Ethics in Health Care Chaplaincy

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