

Dreams in a *changing* society

3rd International Conference of the Nordic and European Network for the Study of Dreams
Göteborgs Psykoterapi Institut, Vasagatan 16, 411 24 Gothenburg, Sweden
6-8 March 2009

INSTRUCTIONS FOR REGISTRATIONS

To register successfully, please follow these instructions.

- 1: If you have not already done so, save this document on to your own computer.
- 2: Use the forms on the next two pages to type in your answers.
- 3: Remember to save a completed copy of the forms for yourself.
- 4: Return the completed forms, as an email attachment, to Gunnar Sundström, Conference Host, at sundhulth@hem.utfors.se
- 5: Alternatively, print the forms out and post to Gunnar Sundström Paradisgatan 26 c 413 16 Göteborg
- 6: If you have received this mailing in the post, you can request an electronic version by emailing Gunnar Sundström at sundhulth@hem.utfors.se or you can complete the forms by hand and post them.
- 7: Remember to enclose information, which shows us that you have paid – your registration will not be valid until we have received your payment.

Swedish participants are asked to pay the registration fee in **Swedish Kronor** to: **postgiro 401 59 54-3 Drömgruppsforum.**

Non-Swedish participants are asked to pay the registration fee in **Euro** to the following bank account, which is the European account of the International Association for the Study of Dreams:

Bank Name: Danske Bank

International Bank Account Number/IBAN: DK17 3000 4646 0997 65 with SWIFT/BIC Code: DABADKKK

If you or your employer needs an invoice please fill out the form for this. Please also indicate if you have special dietary / mobility requirements.

- 8: When we receive a fully completed application process, we will contact you to confirm that you have a place.
- 9: Please note that cancellations will be accepted without charge up to 14 days before the first day of the conference. Cancellations after that time will incur 100% of the fee specified for the package booked. By registering, you agree to accept this charge.

Thank you for reading these instructions. Please go to the next page for the registration form.

Dreams in a *changing* society

3rd International Conference of the Nordic and European Network for the Study of Dreams
Göteborgs Psykoterapi Institut, Vasagatan 16, 411 24 Gothenburg, Sweden
6-8 March 2009

REGISTRATION FORM

(Please use block capitals when completing the form)

| | | |
|--|-------------|----------|
| TITLE: | FIRST NAME: | SURNAME: |
| PROFESSION/ROLE: | | |
| NAME OF EMPLOYING ORGANISATION (IF APPLICABLE): | | |
| ADDRESS FOR CORRESPONDENCE: | | |
| POSTCODE/ZIP CODE: | | |
| COUNTRY: | | |
| TELEPHONE No: (including country/area code) | | |
| ALTERNATIVE TELEPHONE No (e.g. work, home, relative): (including country/area code) | | |
| EMAIL: | | |

PLEASE BOOK ME A PLACE. 'Full conference' includes conference fee, refreshments and the following meals: Light evening meal Friday, Saturday lunch and dinner, Sunday lunch.

Discounted rates if booking before 22nd January 2009

For members of IASD, DGF, and collaborating national dream organisations and full time students if booking before 22nd January 2009.

Conference begins late afternoon/early evening Friday 6th and ends at lunchtime/early afternoon on Sunday 8th.

| | | |
|---|------------------|--------------------------|
| Full conference | 1.200 SEK/130 EU | <input type="checkbox"/> |
| Conference without Saturday dinner | 1.000 SEK/110 EU | <input type="checkbox"/> |
| Day attendees with refreshments and lunch | 900 SEK/90 EU | <input type="checkbox"/> |

For non-members booking before 22nd January 2009

| | | |
|---|------------------|--------------------------|
| Full conference | 1.500 SEK/165 EU | <input type="checkbox"/> |
| Conference without Saturday dinner | 1.300 SEK/140 EU | <input type="checkbox"/> |
| Day attendees with refreshments and lunch | 1.000 SEK/110 EU | <input type="checkbox"/> |

By registering, I accept the cancellation charge explained on page 1.

LOOK INTO THE PROGRAM AND WRITE HERE

WHICH WORKSHOPS BELOW YOU WANT TO ATTEND:

(I, II, III, IV, V, VI, VII, VIII,
IX, X, XI, XII, XIII, XIV, XV)

Signed: Date:

PLEASE BOOK ME A PLACE. 'Full conference' includes conference fee, refreshments and the following meals: Light evening meal Friday, Saturday lunch and dinner, Sunday lunch.

Full rates if booking after 22nd January 2009

For members of IASD, DGF, and collaborating national dream organisations and full time students booking after 22nd January 2009.

Conference begins late afternoon/early evening Friday 6th and ends at lunchtime/early afternoon on Sunday 8th.

| | | |
|---|------------------|--------------------------|
| Full conference | 1.500 SEK/165 EU | <input type="checkbox"/> |
| Conference without Saturday dinner | 1.300 SEK/140 EU | <input type="checkbox"/> |
| Day attendees with refreshments and lunch | 1.000 SEK/110 EU | <input type="checkbox"/> |

For non-members booking after 22nd January 2009

| | | |
|---|------------------|--------------------------|
| Full conference | 1.800 SEK/200 EU | <input type="checkbox"/> |
| Conference without Saturday dinner | 1.600 SEK/175 EU | <input type="checkbox"/> |
| Day attendees with refreshments and lunch | 1.200 SEK/130 EU | <input type="checkbox"/> |

By registering, I accept the cancellation charge explained on page 1.

LOOK INTO THE PROGRAM AND WRITE HERE WHICH WORKSHOPS BELOW YOU WANT TO ATTEND:

(I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV, XV)

Signed: Date:

PAYMENT INFORMATION TO BE SENT WITH REGISTRATION

Swedish participants are asked to pay the registration fee to: postgiro 401 59 54-3 Drömgruppsforum

Non-Swedish participants are asked to pay the registration fee in Euro to the following bank account, which is the European account of the International Association for the Study of Dreams:

Bank Name: Danske Bank

International Bank Account Number: IBAN DK17 3000 4646 0997 65 with SWIFT/BIC Code: DABADKKK

| |
|--|
| PAYMENT DOCUMENTATION (please indicate how you have paid, the date you paid, and any the name submitting the payment if it differs from your name) |
| PAYMENT TYPE (please indicate type with X) In Swedish Kroner to postgiro 4015954-3: Or In Euro to IBAN DK17 3000 4646 0997 65: |
| DATE PAID: |
| NAME SUBMITTING THE PAYMENT, IF IT DIFFERS FROM YOUR NAME: |

If you need an invoice, please fill out below, and we will send an invoice:

| |
|--|
| PLEASE SEND THE INVOICE TO: (please give name, organisation and full address) |
| POSTCODE/ZIP CODE: |
| COUNTRY: |
| TELEPHONE No (including country/area code) |
| ALTERNATIVE TELEPHONE No (e.g. work, home, relative): (including country/area code) |
| SPECIAL DIETARY/MOBILITY REQUIREMENTS: |

*Please send this registration with all forms by e-mail or letter to Gunnar Sundström, Conference Host
E-mail: sundhulth@hem.utfors.se*

Alternatively, print out and post by letter to:
Gunnar Sundström, Paradisgatan 26 c, 413 16 Göteborg, Sweden