

# Invitation

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## 4<sup>th</sup> Meeting of the International Confocal Microscopy Working Group (ICWG)

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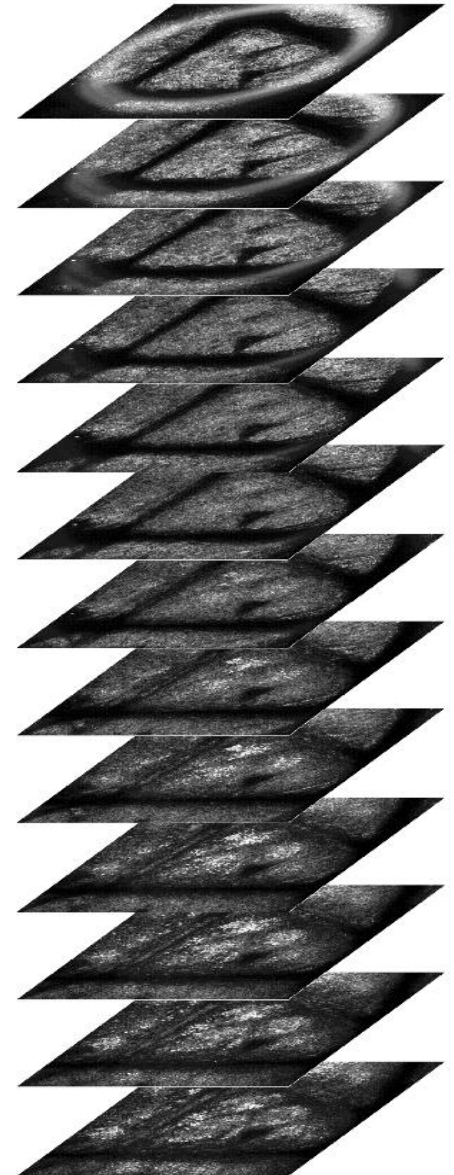
Invitation to the  
**4<sup>th</sup> ICWG Meeting**

**Thursday, October 8<sup>th</sup>, 2009**  
**5:00 pm – 8:00 pm**

(during the EADV congress in Berlin)

Kaiserin-Friedrich-Haus  
Robert-Koch-Platz 7  
10115 Berlin-Mitte  
Germany

sponsored by:



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## Meeting Venue

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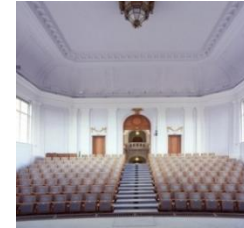
**Kaiserin-Friedrich-Haus  
Robert-Koch-Platz 7  
10115 Berlin-Mitte  
Germany**

[www.kaiserin-friedrich-stiftung.de/haus.htm](http://www.kaiserin-friedrich-stiftung.de/haus.htm)

**The Kaiserin-Friedrich-Haus is close to the Charité  
Berlin.**



## How to get here



We provide all registered ICWG Meeting attendees with a free of charge-shuttle service from the EADV Congress to the Kaiserin-Friedrich-Haus.

Meeting Point for the shuttle service:

October 8<sup>th</sup>, 2009

3:30 pm

MAVIG VivaScope® booth at the EADV Congress

➤ Hall 15, Booth 14

Please be punctual at the meeting point, the shuttle service will not wait for late attendees.

If you prefer to use public transportation, please see the following options:

Stop « Messe Nord ICC » S41

Change at « Wedding » to U6

Stop « Zinnowitzer Straße »

[www.bvg.de](http://www.bvg.de)



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# 4<sup>th</sup> Meeting of the International Confocal Microscopy Working Group (ICWG) Application Form

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After the ICWG Meeting, we are pleased to invite you to a *GET TOGETHER* in a relaxed atmosphere with nice food and drinks in the Kaiserin-Friedrich-Haus.

We kindly ask you to fill in the below application form and send it back until **September 18<sup>th</sup>, 2009** to: **MAVIG GmbH, Ms. Birgit Elisat, fax: + 49 (0) 89 420 96 201** or send an email to: **[elisat@mavig.com](mailto:elisat@mavig.com)**

Please note: The participation to the whole ICWG event is strictly limited up to 150 persons and free of charge.

- I will attend the **4<sup>th</sup> ICWG Meeting**
- I will **not attend** the **4<sup>th</sup> ICWG Meeting**

- 
- I will **attend** the **GET TOGETHER**
  - I will **not attend** the **GET TOGETHER**

- 
- I will **take** the **shuttle service**
  - I will **not take** the **shuttle service**

\_\_\_\_\_  
Title / Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Clinic/ Department/ Company

\_\_\_\_\_  
Street / Post Box

\_\_\_\_\_  
Code / City/ Country

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

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## Agenda

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The Agenda will follow soon.