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| **Enquiry for Events at the International Academic Forum Heidelberg** | | | | | |
| **Title of the conference** | Klicken Sie hier, um Text einzugeben. | | | | **Number of participants:** Klicken Sie hier, um Text einzugeben. |
| **Conference date** | From: Klicken Sie hier, um ein Datum einzugeben. | | | | |
| To: Klicken Sie hier, um ein Datum einzugeben. | | | | |
| **Organizer details** | | | | | |
| Organizer | | | Contact person | | |
| Name | Klicken Sie hier, um Text einzugeben. | | Tel. | Klicken Sie hier, um Text einzugeben. | |
| University/Institute | Klicken Sie hier, um Text einzugeben. | | Fax | Klicken Sie hier, um Text einzugeben. | |
| Address | Klicken Sie hier, um Text einzugeben. | | E-Mail | Klicken Sie hier, um Text einzugeben. | |
| **Other organizer(s)** | | | | | |
| Organizer | | | Contact person | | |
| Name | Klicken Sie hier, um Text einzugeben. | | Tel. | Klicken Sie hier, um Text einzugeben. | |
| University/Institute | Klicken Sie hier, um Text einzugeben. | | Fax | Klicken Sie hier, um Text einzugeben. | |
| Address | Klicken Sie hier, um Text einzugeben. | | E-Mail | Klicken Sie hier, um Text einzugeben. | |
| **Billing address (Please note that when the total bill amount needs to be split between various organizers, an administration fee of € 5,00 will be charged per bill)** | | | | | | |
| Name | | Klicken Sie hier, um Text einzugeben. | Tel. | Klicken Sie hier, um Text einzugeben. | |
| University/Institute | | Klicken Sie hier, um Text einzugeben. | Fax | Klicken Sie hier, um Text einzugeben. | |
| Address | | Klicken Sie hier, um Text einzugeben. | E-Mail | Klicken Sie hier, um Text einzugeben. | |
| **Type of conference** | | | | | |
| Wählen Sie ein Element aus. | | | | | |

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| **Information for events of Medical Faculties and University Hospital** |
| The following section has to be filled in only by members of the Heidelberg Medical Faculty and the Medical Faculty Mannheim Heidelberg University. Events of the Medical Faculty are internal events and can be settled with a university- internal invoice process. Events of University Hospital Heidelberg need to be evaluated before admission at the IWH. If accepted, they will be billed as external events.  Please select your affiliation: |
| Heidelberg Medical Faculty  Medical Faculty Mannheim Heidelberg University  Heidelberg University Hospital |

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| **Information about participants** | | | | | |
| **!** | We would like to request you to fill this portion as precisely as possible so that your conference can be integrated into the IWH-Symposium-Program. The topic needs to be interdisciplinary, international and the young scientists should play an active role in the conference. The decision will be made by the director of the IWH. | | | | **!** |
| **Number of participants from Heidelberg University without young scientists (Please name the Institute)** | | | | | |
| Institute or Faculty | | Number of participants | Presentation | | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
| **Number of participants without young scientists** | | | | | |
| Germany (Please name the University and the Institute) | | Number of participants | Presentation | | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
| International participants (Please name the University and the Institute) | | Number of participants | Presentation | | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
|  | |  | Yes | No | |
| **Number of young scientists** | | | | | |
| Place of origin | | Number of participants | Presentation | | |
| Heidelberg | |  | Yes | No | |
| Within Germany | |  | Yes | No | |
| International | |  | Yes | No | |

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| **Poster-Session** | | |
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| Should there be a Poster-Session during the conference? | Yes | No |
| How many posters should be on display? |  | |
| Size of Posters (Due to space and system constraints, we recommend A1 posters) | A1  A0  Others: | |
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**Important: Please fill in the following sections thoroughly. On the basis of the services chosen, we will prepare a cost estimate including the rent, accommodation, catering, service costs etc. We work with flat-rates per participant. Please use this estimate in case you want to apply for third-party funding. This information is not in any way binding - if your plans change at a later stage, the range of services may be adjusted accordingly.**

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| **Details of conference (bitte angeben)** | | | | | | |
| Type of conference room | From | To | Begin first day End last day | | Desired  seating | |
| Conference hall (max. 75 P.) | Klicken Sie hier, um ein Datum einzugeben. | Klicken Sie hier, um ein Datum einzugeben. |  | | Wählen Sie ein Element aus. | |
| Workshop room (max. 20 P.) | Klicken Sie hier, um ein Datum einzugeben. | Klicken Sie hier, um ein Datum einzugeben. |  | | Wählen Sie ein Element aus. | |
| **Details of accommodation** | | | | | | |
| **Total number of guests who need accommodation** | | | | **Wählen Sie ein Element aus.** | | |
| Type of room | From | To | Number of nights | | | Number of rooms |
| Single room | Klicken Sie hier, um ein Datum einzugeben. | Klicken Sie hier, um ein Datum einzugeben. |  | | |  |
| Double room | Klicken Sie hier, um ein Datum einzugeben. | Klicken Sie hier, um ein Datum einzugeben. |  | | |  |
| triple occupancy (A3, A4, A7 and A8) | Klicken Sie hier, um ein Datum einzugeben. | Klicken Sie hier, um ein Datum einzugeben. |  | | |  |

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| Details of catering – Budget can be increased when needed | | | | | |
| Meals | Budget per Person | Drinks (according to consumption) | Date and time  (multiple days possible) | Number of people | Your notes  (allergies, etc.) |
| Lunch Buffet | 16,00 €  18,00 €  20,00 €  25,00 € | Water, Juice and Softdrinks  Beer and Wine  Coffee |  |  |  |
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| Dinner Buffet | 16,00 €  18,00 €  20,00 €  25,00 € | Water, Juice and Softdrinks  Beer and Wine  Coffee |  |  |  |
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| Reception/Fingerfood   * Pretzel sticks * Sandwiches * Canapes | ab 01,50 €  ab 10,00 €  ab 16,00 € | Water, Juice and Softdrinks  Beer and Wine  Coffee  Sparkling wine |  |  |  |
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| Coffee breaks | | | | | |
| Type of break | Budget per Person | Number of Coffee breaks/Fruit baskets | Date and time  (multiple days possible) | Number of people | Your notes  (allergies, etc.) |
| Coffee and Tea as well as Water and Juice   * with biscuits * with cake * with 50 % cake / 50 % fruit * with fruit | 2,90 €  3,90 €  4,10 €  4,20 € |  |  |  |  |
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| Fruit basket extra | 1,50 € |  |  |  |  |

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| **Further information** | | | |
| **Conference equipment** | | | **Fee** |
|  | Projection screen, laptop and projector | | € 0,00 |
|  | Flipcharts | | € 6,00 |
|  | 1 Whiteboard for the conference hall | | € 0,00 |
|  | Whiteboards Workshop room | | € 0,00 |
|  | Poster system with partitions (Rent per day) | | € 60,00 |
|  | Presentation case (Usage charges per day) | | € 10,00 |
| **Conference material** | | **Quantity** | **Fee** |
|  | Conference folder (with pen, city-map, notepad) |  | € 4,00 |
|  | Pen |  | € 1,00 |
|  | USB-Stick with Conference material (Order must be at least 20 pieces) |  | € 7,50 |
|  | Layout Conference material (Please enquire price) |  |  |
|  | Table nameplates |  | € 1,50 |
|  | Nametags with clips |  | € 1,60 |
|  | Nametags with lanyard |  | € 2,00 |
|  | Program (Printing costs per piece)  including one-off Layout costs |  | € 1,00  €95,20 |
|  | Poster (Printing costs per piece) including one-off Layout costs |  | € 1,50  €35,00 |
|  | Bags (Cotton) |  | € 2,00 |
|  | Flower arrangement (according to Budget) |  |  |

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| **Information** |
| Please send us a short summary of your conference for our homepage (300 characters). |
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