

REGISTRATION FORM

MUNICH International Atherosclerosis Symposium 2025

21-22 October 2025

Please send the filled out and signed form to: sfb1123@med.uni-muenchen.de

PERSONAL INFORMATION

First Name: Last Name:
Address:
City: Postcode: Country:

I am a CRC1123 member:

- ☐ Yes, please enter Project Number :
☐ No

REGISTRATION OPTIONS

I want to register for:

- ☐ Day 1 only (150 €)
☐ Day 2 only (150 €)
☐ both days (300 €)

☐ Scientific Poster Session on evening of Day 1 (+ 50 € extra)
☐ I do not wish to participate to the Poster Session

PAYMENT INFORMATION

Please transfer the registration fee to the following bank account:

Account holder: LMU Klinikum

Bank: Bayerische Landesbank Munich

Bank code (BLZ): 700 500 00

Account number: 100 200 40

IBAN: DE 26 7005 0000 0010 0200 40

BIC: BYLADEMM

Reference: 81325002-GU, Last Name and First Name of the participant

Please note that payment should be received within 14 days of registration to validate your registration.

ABSTRACT SUBMISSION

- ☐ Yes (please note that the presentations are held during the Poster Session on the evening of Day 1. Therefore, registration to Poster Session is mandatory if you want to submit a poster, please also fill out page 2.
☐ No



Date, Signature



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ABSTRACT SUBMISSION GUIDELINES

Besides general guidelines for abstract submission, please note, that:
The abstract should not exceed a word count of **350 words**.
Full names and affiliations should be provided (name of organization, city, state if applicable, and country) for all authors.
A figure can be provided, but is not obligatory (if you choose to do so, please add it as a tif, jpeg or png file to your registration).

ABSTRACT

Please select one of the following options:

- ☐ I would like my abstract to be considered for an oral presentation if space permits.
- ☐ I would like my abstract to be considered only for a poster presentation.

List of authors :

Affiliation(s) :

Abstract Title:

