

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: BYLADEM

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

MUNICH International Atherosclerosis Symposium 2025

21-22 October 2025

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:

