

Kids Club NGFN M 2012



NGFN Geschäftsstelle
c/o Deutsches Krebsforschungszentrum | V025 | PF 101949 | 69009 Heidelberg | Deutschland

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Childcare Booking Form

**To the 5th Annual Meeting of NGFN-Plus and NGFN-Transfer
in the Program of Medical Genome Research 2012,
Heidelberg, December 11-13, 2012**

Please return this form via Fax-No +49 6221 42 4651
We are happy to provide further information.
Feel free to contact Dr. Cornelia Depner as shown to the right.

Please fill in the form:

I would like to book a place for my child/children at the Kids Club provided at the NGFN Meeting 2012 in Heidelberg.

1. Child details

First name: _____

Last name: _____

Age: _____

Gender: _____

Languages spoken: _____

Any special requirements (diet, allergies etc.):

Requested time for child care: _____

First name: _____

Last name: _____

Age: _____

Gender: _____

Languages spoken: _____

Any special requirements (diet, allergies, etc.):

Requested time for child care: _____

GEFÖRDERT VOM





2. Parent details

First name: _____

Last name: _____

Street, number: _____

Postcode, city: _____

City: _____

Email: _____

Phone: _____

Contact number (mobile) on site:

Date _____

Signature _____

(At the Kids Club parents will further sign a form to agree for the supervisors to take over the obligatory supervision of their children.)