

FAX TO: +49 (0)211 / 30 33 554
SCAN TO: service@eickeler.org

PAGE 1 (OF 2)

PARTICIPANT

<input type="text"/>	<input type="text"/>	<input type="text"/>
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academic title

first name

female

male

last name

chief physician senior physician physician assistant physician physician in private practice other (e.g. scientist)

hospital, institute, practice etc.

The following address is home address office address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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street, no

country

post code

town

<input type="text"/>	<input type="text"/>	<input type="text"/>
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area code, phone number

fax

email

BOOKING

TOTAL CONFERENCE FEE	<input type="checkbox"/> EUR 350	<input type="checkbox"/> EUR 250 for members of AGO, ESGO, NOGGO or PARSGO as well as assistant physicians
DAY TICKET	<input type="checkbox"/> EUR 130	<input type="checkbox"/> EUR 100 for members of AGO, ESGO, NOGGO or PARSGO as well as assistant physicians
FOR (PLEASE MARK):	<input type="checkbox"/> WED April 3	<input type="checkbox"/> THU April 4 <input type="checkbox"/> FRI April 5 <input type="checkbox"/> SAT April 6

INTENSIVE WORKSHOP OVARIAN CANCER Wednesday, April 3, 2019	<input type="checkbox"/> EUR 50 extra charge (only in combination with a conference ticket)
INTENSIVE WORKSHOP BREAST SURGERY Thursday, April 4, 2019	<input type="checkbox"/> EUR 50 extra charge (only in combination with a conference ticket)
INTENSIVE WORKSHOP CERVICAL CANCER Saturday, April 6, 2019	<input type="checkbox"/> EUR 50 extra charge (only in combination with a conference ticket)

WELCOME EVENING Thursday, April 4, 2019	<input type="checkbox"/> _____ person(s) at EUR 20 per person
FESTIVE EVENING Friday, April 5, 2019	<input type="checkbox"/> _____ person(s) at EUR 50 per person

PAYMENT

BY SEPA DEBIT ADVICE PROCEDURE only within the European Union

I hereby give Jörg Eickeler, Beratung • Organisation • Veranstaltung a revocable title to collect the fees for the Charite Mayo Conference when due from my account by SEPA debit advice procedure. If there should not be enough funds on my account, the account-holding bank does not have the obligation to honour the payment. In the case of non-payment or incorrect details on the bank account, I undertake to pay Jörg Eickeler, Beratung • Organisation • Veranstaltung for the costs thereby incurred. Portioned encashments in debit advice procedures shall not be made.

account holder

IBAN (International Bank Account Number)

bank, town

BIC (Business Identifier Code of the bank)

signature of account holder

BY CREDIT CARD

MASTERCARD VISA CARD

I hereby give Jörg Eickeler, Beratung • Organisation • Veranstaltung a revocable title to collect the fees for the Charite Mayo Conference when due from my credit card. In the case of non-payment or incorrect details on the credit card, I undertake to pay Jörg Eickeler, Beratung • Organisation • Veranstaltung for the costs thereby incurred.

credit card owner

credit card number

 /

valid until: month / year

The card verification number is printed on the back side and has three digits.

card verification number

signature of credit card owner

TERMS AND CONDITIONS OF REGISTRATION: The closing date for pre-registration is March 29, 2019. Following receipt of your fully completed registration form, we will confirm your registration by email or fax. In case of cancellation (in writing only) up to four weeks prior to the start of the event, an administration fee of EUR 50 per person will be charged. In case of cancellation up to two weeks prior to the event, half of the participation fee shall be payable. Payment of the full participation fee shall be due in the event of cancellation at a later date or failure to appear at the event. Naturally, you have the right to nominate a replacement participant. The event organizer reserves the right to make alterations to the program without prior notification.

I hereby confirm my booking and accept the terms and conditions of registration.

town, date

signature, stamp