



EURO-NOTES meeting

2 February 2017, Frankfurt am Main

REGISTRATION FORM

Prof/Dr/Mr/Ms

Last Name: _____ First Name: _____

Company or Institution: _____

Department: _____

Address: _____

City: _____ ZIP Code: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Registration fee in EURO per person

Category	Amount
EAES Member Physician**	<input type="checkbox"/> € 50.-
Non Member Physician**	<input type="checkbox"/> € 85.-
Nurses (certified)	<input type="checkbox"/> € 35.-

** Non exhibitor/Non sponsor

Advance Registration

Complete the registration form. The completed registration form together with the appropriate payment should be sent to the EAES Office at congress@eaes.eu.

Payment

Payment should be made in EURO in advance by **bank transfer to:**
EAES Events BV Congress - P.O. Box 335 - 5500 AH Veldhoven - The Netherlands
IBAN no: NL48 RABO 0159 641888
SWIFT no: RABONL2U

Credit card:

Holders of Visa or Mastercard may use their credit card. Card number, expiry date, CVC II code, name of card holder with address and signature must be filled in.

I authorize the EAES Events BV to debit my credit card: VISA Master/Euro card

Card no: _____

CVC II Code (3 last digits on back of card): _____

Name and address Cardholder: _____

Expiration date: _____/_____/_____ Total amount € (EURO): _____

Signature: _____

Remittances should be free of bank charges to the receiver. All payment must be clearly marked with the delegate's name. Upon receipt of the completed registration form and remittance of the appropriate fees, delegates will be sent a confirmation letter, which should be presented at the registration desk in Torino.

Cancellation

Notification of cancellation must be sent in writing to the EAES Office. A cancellation fee of € 25 will be charged when cancelling before January 15, 2017. Full registration fee is applicable after January 15, 2017.