**CONGRESS REGISTRATION FORM**

- **Prof.**
- **Dr.**
- **Male**
- **Female**
- **Job title:**

Last Name: ___________________________ First Name: ___________________________

Hospital/Institution: ___________________________

Department: ___________________________

Address: ___________________________

City: ___________________________ Postal code: ___________________________

E-mail: ___________________________ Country: ___________________________

Phone: ___________________________ Fax: ___________________________

**Registration fees** in € (EURO) per person (including VAT). Please tick the appropriate registration category

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>EAES Member</strong></td>
<td>€ 545.00</td>
<td>€ 645.00</td>
<td>€ 750.00</td>
<td></td>
</tr>
<tr>
<td><strong>Non Member</strong></td>
<td>€ 645.00</td>
<td>€ 745.00</td>
<td>€ 850.00</td>
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<tr>
<td><strong>Resident EAES member</strong></td>
<td>€ 295.00</td>
<td>€ 360.00</td>
<td>€ 460.00</td>
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<tr>
<td><strong>Resident Non member</strong></td>
<td>€ 355.00</td>
<td>€ 420.00</td>
<td>€ 520.00</td>
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<tr>
<td><strong>Engineers</strong></td>
<td>€ 295.00</td>
<td>€ 360.00</td>
<td>€ 460.00</td>
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<tr>
<td><strong>Nurses</strong></td>
<td>€ 150.00</td>
<td>€ 175.00</td>
<td>€ 200.00</td>
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<tr>
<td><strong>Students</strong></td>
<td>€ 150.00</td>
<td>€ 175.00</td>
<td>€ 200.00</td>
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<tr>
<td>Meet the Expert luncheon</td>
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<td></td>
<td>€ 25.00</td>
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* Certified

**Pre congress program 30 May 2018**

<table>
<thead>
<tr>
<th>Masterclasses 1, 3 or 4</th>
<th>Hands-on courses 1, 2, or 3</th>
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<tbody>
<tr>
<td><strong>EAES Member</strong></td>
<td>€ 100.00</td>
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<tr>
<td><strong>Non Member</strong></td>
<td>€ 150.00</td>
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<tr>
<td><strong>Resident EAES member</strong></td>
<td>€ 50.00</td>
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<tr>
<td><strong>Resident Non member</strong></td>
<td>€ 90.00</td>
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**Technology Symposium** *30 May 2018*

- Fee for those registered to the core congress
- Fee for those without reg. to the core congress

<table>
<thead>
<tr>
<th>Morning: Computer assisted surgery</th>
<th>Afternoon: Amazing technologies</th>
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<tbody>
<tr>
<td>€ 50.00</td>
<td>€ 50.00</td>
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</table>

**Social events**

<table>
<thead>
<tr>
<th>Thursday May 31th</th>
<th>Price per person</th>
<th>Number of tickets (max 2)</th>
<th>Total amount due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>€ TBA</td>
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</table>

*Please indicate which masterclass

- 1. Fluorescence, 14:00–17:40
- 3. Tips & tricks in bariatric surgery, 09:00–16:30
- 4. Quality of thoraco/laparoscopic clearance of lymph nodes in UGI cancer surgery, 09:30–17:30

*Please indicate which Hands-on course

- Hands-on 2: Ultrasound, 08:30–16:30
- Hands-on 3: Flexible endoscopy – Saturday 2nd June 2018, 09:00-17:00
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 LONDON

GROUP REGISTRATION: Special fees are offered for “group” registration (more than 15), Group registration is possible for companies, travel agencies and persons wishing to register multiple delegates for the congress. Only registrations with full address details of each delegate will be accepted. Please contact the EAES office for more information.

Means of Payment

All payment must be clearly marked with the delegate’s INVOICE number and name.

All payment should be made in € (EURO) payable to EAES Support BV by bank or credit card. Remittances should be free of bank charges to the receiver.

Bank details: Rabobank Eindhoven-Veldhoven
Kronenhofstraat 87
5612 HL Eindhoven
The Netherlands
IBAN no: NL48 RABO 0159 6418 88
SWIFT no: RABONL2U

Credit Card payment:
I authorize EAES to debit my credit card: ☐ Visa ☐ Euro/Mastercard

Card no: ____________________________________________________________

CVC II Code (Three last digits on back of card): ____________

Name and address Cardholder: ____________________________________________

Expiration date: ____________/_________ Total amount € (EURO): ______________

Signature: ____________________________________________________________

Cancellation and Refunds
Notification of cancellation must be sent in writing to the EAES Office. Cancellations will be accepted until April 15, 2018 with a refund of all registration fees less € 50 administration fee. Full registration fee is applicable and no refunds can be made for cancellations after April 15, 2018 or for participants who do not attend. All refunds will be handled after the congress.

Date: ____________________________ Signature: ______________________________

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