

Musculoskeletal Sonography Course for Rheumatologists Warsaw 2010

REGISTRATION FORM

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1. Personal Data:

Title*:..... female male
Family name*:.....
First name*:.....
Date of birth:
Medical specialty*:
Home address*:
City:..... City code:.....
Country:.....
Phone: Fax:
E-mail*:
Workplace:
.....

2. Course level:

(choose one, for more information about course level please look at the Course Programme brochure)

* basic level inermediate level

3. Receipt Data:

(please note that the receipt will not be issued if you leave this section blank)

Organisation/Institution/Name*:
.....
Address*:
City:..... City code:.....
Country:.....
Tax Identification Number:
(only if required in your receipt)

4. Registration guidelines:

Please, submit the completed form to Course Secretary by e-mail: **reumus@reumus.pl** or by fax: **+48-22-6816920**
Due to the limited number of participants, we will send you confirmation of pre-enrolment by e-mail within 2 working days after we have received the form. Then you will be asked to make fee payment within 14 days (see page 2). Final confirmation of enrolment will be sent only after the payment. If the payment will not be confirmed within 14 days after pre-enrolment your reservation will be cancelled.

Privacy Policy:

Your personal data will be treated only by Polish Society of Rheumatology electronic data bank in the full respect of the Privacy Code (UODO z dn. 29.08.1997 r. Dz. U. Nr 133 poz. 883 z póź. zm.) in defense of personal data. The personal data treatment, we guarantee full privacy for, will be done only for communication and medical scientific upgrade purposes. Your data will not be transmitted or spread abroad to others. At any time you will be allowed to require the cancellation or modification of them writing to the attention of Polish Society of Rheumatology Responsible: reumus@reumus.pl I agree I do not agree

Date*: Signature*:

* fields required

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5. Package Details:

(All fees can be calculated in Euro only)

| | | |
|-------------------------------------|----------------------------------|-----------|
| <input type="checkbox"/> | Course, accommodation and meals: | € 1100,00 |
| <input type="checkbox"/> | Course and meals only: | € 890,00 |
| <input checked="" type="checkbox"/> | Handling fee (obligatory): | € 20,00 |

TOTAL (package + handling fee)* € | | | | | | | |

Course fee includes: attendance at all scientific sessions, certificate of attendance (only for participants of all scientific sessions), printed materials, course bag.

Accommodation includes: hotel accommodation at Hyatt Regency Warsaw **** in a single occupancy room for 3 nights (check in September 28th - check out October 01st).

Meals include: 6 coffee breaks, 3 breakfasts in hotel restaurant, 2 lunches in hotel restaurant, 2 dinners in hotel restaurant, 1 dinner in the restaurant outside the hotel, 1 free bar evening.

Special dietary requirements:.....

.....

.....

Other special requirements:

.....

.....

For extra-nights or a room for accompanying person, please contact with:
Hyatt Regency Warsaw****, ul. Belwederska 23; 00-761 Warsaw, Poland.
phone: +48 22 558 1234, fax: +48 22 558 1235, email: warsaw.regency@hyatt.com

6. Payment Details:

(Please make the bank transfer using the details below. The bank must be instructed to make the payment "in full" to ensure that no commission or bank charges are deducted. Fee can be paid in Euro only).

Bank transfer to:
Wojskowy Instytut Medyczny
ul. Szaserów 128; 04-141 Warszawa, Poland

Bank transfer title:
Musculoskeletal Sonography Course for Rheumatologists, Warsaw 2010
for: <include your first name and family name>

Bank Account:
Bank Gospodarstwa Krajowego
IBAN CODE: PL41 1130 1017 0020 0716 4222 2206
BIC/S.W.I.F.T. CODE: GOSKPLPW

Cancellations details:
Cancellations received by July 1st 2010 will be refunded in 70%. Cancellations received after July 1st 2010 will not be refunded.
All refund will be handled after the course.
If you need more details about registration, please contact course secretary by e-mail: reumus@reumus.pl or by fax: +48-22-6816920

Date*: **Signature*:**

* fields required