

COURSE REGISTRATION FORM

Prof/Dr/ _____ Male Female

Last Name: _____ First Name: _____

Hospital: _____

Department: _____

Address: _____

City: _____ ZIP Code: _____ Country: _____

E-mail: _____ Phone: _____

Yes, I give permission to send me information by e-mail of (on-line) courses and events organized by EFISDS in the future

EFISDS respects your privacy under the General Data Protection Regulation (GDPR)

PLEASE SEND THE COMPLETED REGISTRATION FORM TO INFO@ESC-SOCIETYCONGRESS.COM OR INFO@EFISDS.EU OR BY POST AT THE ADDRESS AS MENTIONED BELOW.

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.

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

Description	Before 21 Oct 2018	After 21 Oct 2018	# of registrants	Total
Senior Clinical Participants	<input type="checkbox"/> € 75.00	<input type="checkbox"/> € 100.00		
Senior Group (min 2 persons) *	<input type="checkbox"/> € 50.00	<input type="checkbox"/> € 75.00	x _____	
Junior Participants (< 30 years) Residents in Training	<input type="checkbox"/> € 50.00	<input type="checkbox"/> € 70.00		
Junior Group (min 2 persons) *	<input type="checkbox"/> € 35.00	<input type="checkbox"/> € 50.00	x _____	
Students and Nurses	<input type="checkbox"/> € 30.00	<input type="checkbox"/> € 50.00		
Laparoscopic Liver Resection - 1 November 2018				
Participant's fee	<input type="checkbox"/> € 100.00	<input type="checkbox"/> € 150.00		
				Grand Total
*Group registration must include individual names, title and email addresses to be filled in on the next page.				

Means of Payment: Payment should be made in EURO in advance and can only be accepted by Visa or Master credit card. Card number, expiry date, CVC II code, name of card holder with address and signature must be filled in. Note all other credit cards are not acceptable.

Credit Card payment:

I authorize ESC BV to debit my credit card: _____ Visa _____ Euro/MasterCard

Card no: _____ CVC II Code (3 last digits on back of card): _____

Name Cardholder: _____

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

Signature: _____

Cancellation and Refunds: Notification of cancellation must be sent in writing to ESC. Cancellations will be accepted until September 30, 2018 with a refund of all registration fees less € 15 administration fee. Full registration fee is applicable and no refunds can be made for cancellations after September 30, 2018 or for participants who do not attend. All refunds will be handled after the course.

Mailing address for registration and information: European Federation International Society of Digestive Surgery (EFISDS)
c/o ESC BV | P.O. Box 2178 | 5500 BD Veldhoven | The Netherlands
Phone: +31 6 53537640 | E-Mail: info@efids.eu or info@esc-societycongress.com

Group Registration

	L NAME	F.NAME	TITLE	EMAIL
1				
2				
3				
4				
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