

# Conference Registration

I will attend:

**The 'Third Dutch North Sea Emergency Medicine Conference'** on:

- June 3: Pre-conference workshop, Hotel Zuiderduin, Egmond aan Zee, The Netherlands
- June 4-5: Conference, Hotel Zuiderduin, Egmond aan Zee, The Netherlands

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ m/f

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution: \_\_\_\_\_

Business Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City/State: \_\_\_\_\_ Country: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Specialization/Profession: \_\_\_\_\_

## Fees

- € 80,- Pre conference course
- € 30,- Hotel overnight stay, June 3-4
- € 495,- Conference including dinner and overnight stay
- free I will attend dinner on Thursday
- € 260,- One day admittance:  June 4  June 5

I will pay total expenses within 2 weeks of receipt of invoice to Congressbureau InterActie in Ede, account number 56.68.08.595

I authorize Congressbureau InterActie to collect total expenses from account number \_\_\_\_\_

*If payment is to be made by another party, please provide name and address below*

Institution \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ m/f

Address \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Date \_\_\_\_\_

Signature (required) \_\_\_\_\_

You can fax this form to: 0318-693365

A confirmation letter will be sent once your registration has been processed