



Please complete & send to HSEC GmbH, Fax: +43 1 8674944-9; E-mail: registration@ee-hsec.org

Personal Data (please complete in clear print) Ms. Mr. Title

First name Last name

E-mail Date of birth

Phone Fax

Profession medical specialist / trainee for the field

nurse med. technician industry

The following address is hospital / company private

Institution

Department / Position

Street

Zip code / City / Country

Please note: Registration is binding by completing the part below!

Congress Registration		until May 27, 2016	after May 27, 2016	fees in € including 19% VAT.
I register as	- Physician	<input type="checkbox"/> € 480,-	<input type="checkbox"/> € 550,-
	- Resident* / Nurse*	<input type="checkbox"/> € 280,-	<input type="checkbox"/> € 350,-
	- Industry member	<input type="checkbox"/> € 480,-	<input type="checkbox"/> € 550,-
* required: written confirmation by chairman of dept.				
I will participate	- Social Evening	<input type="checkbox"/> € 25,-	<input type="checkbox"/> € 25,-
In addition I book	- Accompanying person participating at the Social Evening	<input type="checkbox"/> € 25,-	<input type="checkbox"/> € 25,-
Registration fee includes admission to scientific sessions, coffee and lunch breaks.		Total registration fees	

Invoice Data (if different to personal data) VAT-ID-No.

Institution

Attn. Department

Street / Zip code / City / Country

Phone Email

Payment **Bank transfer** (after receipt of the invoice; exempt from charges for the recipient)

Credit card Visa MasterCard

Accommodation Request: A limited contingent of rooms is reserved for participants. Please find the link on the website www.ecc-conference.com

City and date Signature