

PRE-REGISTRATION FORM POSTGRADUATE COURSE LUNG & PLEURAL DISEASES
Institute of Pathology, Medical University of Graz, June 22 – 28, 2017

Please complete this form and transmit it to the course office
by email edith.kleinfurchner@medunigraz.at or by fax 0043 (0)316 380 9638

Limited seating! Seating at the program is on a first come, first served basis.
Pre-registration must be confirmed. Invoice including terms of payment will be given then by email. Seating will definitely be assigned based on the date of payment of the course fee.

First (given) name

Last (family) name

female

male

Gender

Institution

Street / Nr.

PostC ode

City

Country

E-mail*

*E-mail addresses will be published on the list of participants which will be handed out to course participants only
If you do not agree that your E-mail address will be published please cross this box

- | | | |
|--------------------------|----------------------------------------|-----------------|
| <input type="checkbox"/> | Part I, June 22 – 24, 2017 | € 600,00 |
| <input type="checkbox"/> | Part II, June 26 – 28, 2017 | € 600,00 |
| <input type="checkbox"/> | Part I + II, June 22 – 28, 2017 | € 950,00 |

(optional) Registration Social Program

Do you prefer to pay these fees together with the course fee by bank transfer? Please register now!
Alternative payment: cash upon on-site registration

EXCURSION, Sunday, June 25, 2017

Yes, I will attend € 30,00

Accompanying person (s) € 30,00 per person

WELCOME BUFFET, June 22, 2017

Yes, I will attend (no extra fee for course participants)

Accompanying person (s) € 25,00 per person

GET TOGETHER DINNER, June 27, 2017

Yes, I will attend (no extra fee for course participants)

Accompanying person (s) € 45,00 per person

Date