



Free Registrations* and Social Programme Registration Form (Pharma)

Please Fax to +49 6136 761953

* Company Staff only: Booth< 15 sqm: 1 free; Booth> 15 sqm: 2 free; Booth> 30 sqm and/or Sat. Symposium: 4 free

Company

Free Registration 1 / Name _____

Free Registration 2 / Name _____

Free Registration 3 / Name _____

Free Registration 4 / Name _____

E-mail of Contact person _____

Social Events

Saturday, 10 th September	Welcome Reception	<input type="checkbox"/> free	total no. of persons:
Monday, 12 th September	Wieliczka Salt Mine	<input type="checkbox"/> 40.- €	total no. of persons:

Total Amount _____ €

Methods of payment:

Please charge my – VISA CARD MASTER CARD

Card number (please write clearly): _____

Expiry date: ____/____

Bank transfer (please also fax a copy of the transaction)

Bank account (all bank charges must be paid by the sender)

Recipient: European Thyroid Association e.V
IBAN: DE96750200730609787198
Swift/BIC: HYVEDEMM447
For transfers within Germany:
Acct.-No.: 609787198 **BLZ:** 75020073
Please indicate: ETA Krakow and your name

Name and Address:
HypoVereinsbank AG
Niederlassung Regensburg
Hemauerstr. 1, 93047 Regensburg, Germany

Date _____

Signature _____