Please **send** back to:

med travel GmbH

FAX: **+49 911 235 82 83**
e-mail: **info@medtravel.de**

Please select workshop date:

❒ **14.06.2019**
(UFE/PAE)

❒ **13.12.2019**
(UFE/PAE)

Registration Form
Center of Excellence - Berlin

Venue: Charité Campus Virchow Klinikum, Klinik für Radiologie,
Augustenburger Platz 1, 13353 Berlin

Participant (Please fill in legibly in print letters):

Salutation / Title	First given name	Surname

Institution	Department
Profession: ❒ Radiologist ❒ other (please specify):	Training / Degree (e. g. in-training, practice, …)
Address	ZIP code, city
Phone / FAX	e-mail address

Participation in the **get-together Dinner**	**Transfer** from the Hotel to the Dinner Restaurant and back
❒ Yes I will join ❒ No, I will not join	❒ Yes, I will join ❒ No, I get there on my own
Special Food requirements for the **Dinner:**	
❒ Regular Menu ❒ Meat only ❒ Fish only ❒ Vegetarian Menu ❒ Allergies/spec. Requirements:	

Housing:

We have reserved hotel rooms at the **Hotel Bristol Berlin****** at preferential rates of **€ 168,-**/night (Premium-single room, breakfast included).
The amount of the hotel reservation will be debited from my bank account / credit card (see below).

Reservation	
❒ Yes ❒ No	❒ single room ❒ double room (price on request; name of the companion: _____)

Registration fee:

This registration is binding. A registration fee of **€ 150** applies. Registration fee includes workshop participation, hands-on training, on-site catering on Friday and Saturday during the workshop and the get-together dinner incl. Transfer on Friday evening. In case of cancelation, a cancelation fee of € 20 applies. The registration fee of € 150 will be debited from my bank account / credit card as stated:

❒ Please debit the indicated participation fee from **my bank account**:

Bank name	IBAN
BIC	account owner (if different to the participant)

❒ Please debit my **credit card** with the registration fee:

Card type	Credit card number	Valid until:

The workshop will be sponsored by Merit medical. I hereby agree that my name and address data will be passed to the sponsor in order to verify the proper use of the sponsoring. Mit Ihrer Anmeldung bestätigen Sie unsere allgemeine Datenschutzerklärung sowie die „Datenschutzerklärung für Kongressanmeldungen“ gelesen und akzeptiert zu haben.

Place, Date

Signature