## PRE-REGISTRATION FORM POSTGRADUATE COURSE GASTROINTESTINAL & PANCREATIC PATHOLOGY JUNE 7 – 9, 2018

Organizer: Institute of Pathology, Medical University of Graz

Please transmit completed form to the course office by email <a href="mailto:edith.kleinferchner@medunigraz.at">edith.kleinferchner@medunigraz.at</a> or fax 0043 (0)316 385 79007

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.

|  |  |   |                                  | Date of pre-registra           | tion |
|--|--|---|----------------------------------|--------------------------------|------|
|  |  |   |                                  |                                |      |
| First (given) name   |  |   |                                  | female                         | male |
|  |  |   |                                  |                                |      |
| Institution  |  |   |                                  |                                |      |
|  |  |   |                                  |                                |      |
| Street name / House  | e number   |   |                                  |                                |      |
|  |  |   |                                  |                                |      |
| Postcode   | City   |   | Country                          |                                |      |
|  |  |   |                                  |                                |      |
| Mailing address*   |  |   |                                  |                                |      |
| walling address  |  |   |                                  |                                |      |
| *E-m   | nail addresses will be published o   | on the list of participants   | which will be handed ou          | t to course participants only  |      |
|  |  |   |                                  | nis list please cross this box |      |
| Invoice address (  | Only fill in, if different from  | above)  |                                  |                                |      |
|  |  |   |                                  |                                |      |
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|  |  |   | Regi                             | stration fee € 490,00          | 0    |
|  |  |   |                                  |                                |      |
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| PEGISTRATIO  | IN SOCIAL PROGRAM (o   | antional)   |                                  |                                |      |
| Do you prefer to   | ON SOCIAL PROGRAM (o pay fees together with the co   | ourse fee by bank tran  | _                                | now!                           |      |
| Do you prefer to   | -  | ourse fee by bank tran  | _                                | now!                           |      |
| Do you prefer to<br>In case of later re  | pay fees together with the co  | ourse fee by bank tran  | _                                | now!                           |      |
| Do you prefer to<br>In case of later re<br>WELCOME B   | pay fees together with the coegistration payment will be m   | ourse fee by bank tran<br>ade in cash upon on-  | site registration.               | now!                           |      |
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