

Registration Form



REG ID: _____

Attendee Information

Name: _____

Address: _____ City: _____

State/Country: _____ ZIP: _____

Email address: _____

Registration fees onsite:

Full Registration

On-site 675.00 EUR

I am Industry [Exhibitor]

Guest Registration Adult 50.00 EUR

Guest Registration Child 25.00 EUR

Name of Guest: _____

Guests have access to poster exhibition and general area. Guest are not allowed into the session rooms. Guest cannot collect CME credits

A 15 EUR handling fee applies. All prices are in EUR incl. Tax.

Single Day Tickets

Monday April 15th 200.00 EUR

Tuesday April 16th 200.00 EUR

Wednesday April 17th 200.00 EUR

Thursday April 18th 200.00 EUR

Lunch box orders had to be confirmed 10 days prior. Therefore all On-site registrations are excluding lunch.

TOTAL: _____ EUR

Invoice will be sent after the conference by email.

ECS BBQ & Party – Tuesday April 16th – 35.00 EUR – How many: _____

Conference Party – Wednesday April 17th – 75.00 EUR – How many: _____

TOTAL DUE: _____ EUR

Terms and Conditions

All sales are final. Registration must be paid in full. General terms and conditions posted on the Conference website apply.

Modification of the conference program

The conference organizers reserve the right to modify the program.

Lost name badge

If a delegate loses their name badge on-site, a replacement fee of 50 EUR will be charged.

Photo and video consent attendees

In view of the fact that the events related to the conference will be filmed and photographed, you hereby agree that by attending the conference, your image and/or voice may be recorded and published or broadcasted through different media.

Photo and video of posters and sessions

It is not allowed for any attendee to take pictures of posters or power point during presentations.

Payment Option

Cash in EUR

Credit Card (Visa, MC)

Name of Card holder: _____

Expiry Date: MM / YY

Last 4 Digits of Card: XXXX XXXXX XXXXX _____

By signing I hereby confirm that I have read and accept the terms and conditions.

Print Name: _____

Date: _____ / _____ / _____ Signature: _____

If you are collecting CME Credits, ensure to scan into each session you attend.