

REGISTRATION FORM

Winter ILD school – January 30th - February 2nd , 2012

Yes, I am interested in attending the Winter ILD school

Last name:

First name:

Home:

Work:

Address:

Address:

City:

City:

Postal code:

Postal code:

Country:

Country:

Telephone:

Telephone:

Mobile phone:

E-mail:

E-mail:

Payment

Early bird fee:

Late registration fee:

until November 1st, 2011

after November 1st, 2011

Physicians

€ 595,00

€ 695,00

Physician in training

€ 395,00

€ 495,00

Others

€ 1095,00

€ 1295,00

I herewith authorize the Erasmus Lung Foundation to withdraw the mentioned fee from my bank account accordingly.

Bank account nr.:

Name account holder:

Signature..... Date..... Place.....

Sent registration to:

Erasmus MC - Dept. Pulmonary Medicine

Ms. O. Swinnen, secretary

P.O. Box 2040,

3000 CA Rotterdam

The Netherlands

Telephone: +31(0)10 703 48 55 / Fax: +31(0)10 703 48 56

E-mail: o.swinnen@erasmusmc.nl

Sender:

Name:

Street:

Postal code & city:

Apply
stamp
here

Erasmus MC
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Ms. O. Swinnen
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