

6th VIENNA INTERDISCIPLINARY SYMPOSIUM ON AORTIC REPAIR VISAR

April 22 - 24, 2009 - Vienna, Austria

Please complete and fax

E&E PCO, fax +43 1 867 49 44-9

Personal data (please complete in clear print) Ms. Mr. Title

First name Last name

E-mail Date of birth

Phone Fax

Profession medical specialist / trainee for the field

nurse med. technician industry

The following address is hospital / company private

Institution

Department / Position

Street

Zip code / City / Country

Please note: Registration is **binding by completing the part below!**

Congress registration	after 25.03.09	Day Fee	fees in € (Euro)
I register as			
<input type="checkbox"/> Physician	€ 600,-	€ 250,-
<input type="checkbox"/> Resident*	€ 425,-	€ 150,-
<input type="checkbox"/> Nurse* / Med. technician* / Student*	€ 350,-	€ 120,-
<input type="checkbox"/> Industry member	€ 600,-	€ 250,-
<input type="checkbox"/> Industry member (Sponsor / Exhibitor)	€ 425,-	€ 150,-
* required: written confirmation by chairman of dept.			
I will participate			
Social evening <input type="checkbox"/> 1 pers. <input type="checkbox"/> 2 pers.	€ 20,-	
(contribution towards expenses)			
Total registration fees		

Invoice data (if different to personal data) VAT-ID-No.

Institution

Attn. Department

Street / Zip code / City / Country

Phone E-mail

Payment **Bank transfer** (after receipt of the invoice; exempt from charges for the recipient)

Credit card Visa MasterCard Expiry date ___/___/___

Card number _____ CVV No. _____

Holder (name and signature)

City and date Signature

Your personal data will be recorded electronically to inform you about future medical conferences in cooperation with E&E PCO.
Cancellation must be done in writing to the congress secretariat until April 8, 2009. The registration fee will be refunded less € 50,- service fee. There is no refund after April 8, 2009 or in case of no notice.