

OCTOBER 24-26, 2020

REGISTRATION FORM



Please register online at <https://www.hodgkinsymposium.org/registration>

send an email to info@hodgkinsymposium.org or send a fax to: +49 (0) 2102.96 48 29

INDIVIDUAL REGISTRATION

Title _____

First Name _____

Last Name _____

Institution _____

Address _____

Zip / Post Code _____

Country _____

Phone _____

Fax _____

E-Mail _____

GROUP REGISTRATION

Group Contact Name _____

Institution / Group _____

Address _____

Zip / post code _____

Country _____

Phone _____

Fax _____

E-Mail _____

Number in Group _____

All brochures and correspondence relating to the group will be sent to the group contact. **A 10% discount will be granted.** (more than 10 participants)

MY REGISTRATION FEE IS:

| | | | | | |
|---------------------------|--------------------------------|--------------------------------|--------------------------------|----------------|--------------------------------|
| On or before 30.06.2020 | € 375 <input type="checkbox"/> | Students*1 | € 100 <input type="checkbox"/> | GHSB Members*3 | € 250 <input type="checkbox"/> |
| From 01.07. to 23.10.2020 | € 475 <input type="checkbox"/> | Allied Health Professional*1 | € 100 <input type="checkbox"/> | Oral Abstracts | € 300 <input type="checkbox"/> |
| On-Site Registration | € 550 <input type="checkbox"/> | Young doctors (age below 35)*2 | € 300 <input type="checkbox"/> | | |

*1. A letter confirming the student/Allied Health Professional status to be required from your head of department and to be faxed to: +49 (0) 2102.96 48 29

*2. A letter followed by copy of your passport to be faxed to: +49 (0) 2102.96 48 29

*3. A letter to identify you as GHSB Member to be faxed to: +49 (0) 2102.96 48 29

TOTAL Euro

PAYMENT OPTIONS

We herewith authorise you to debit our credit card accordingly Visa Mastercard American Express

Card No. _____ Expiry Date _____ CVC _____

Date _____ Cardholder's Name _____

Cardholder's Signature _____

Bank Transfer:

To Gabriele Hanke (TCA)
Bank: Commerzbank AG Ratingen (BLZ: 300 800 00)
Account No: 0560116203
IBAN DE77 3008 0000 0560 1162 03
BIC (SWIFT Code). DRESDEFF 300.

PLEASE NOTE

that if payment or proof of payment is not received by the organizers prior to the meeting, we regret that your registration will be considered as unpaid and the on-site delegate registration fee will be charged.