

FAX TO: +49 (0)211 / 30 33 554  
SCAN/MAIL: service@eickeler.org

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## PARTICIPANT

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academic title

first name  female  male

last name

chief physician  senior physician  physician  assistant physician  physician in private practice  other (e.g. scientist)

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hospital, institute, practice etc.

The following address is  home address  office address

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street, no

contry

post code

town

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area code, phone number

fax

email

## BOOKING

<b>MAIN PROGRAM</b> September 6 and 7, 2019	<input type="checkbox"/> EUR 100,- regular <input type="checkbox"/> EUR 50,- for assistant doctors
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<b>PRE-PROGRAM SURGICAL WORKSHOP GYNECOLOGIC ONCOLOGY</b> (2.00 to 6.30 pm) September 5, 2019 <input type="checkbox"/> EUR 50,- regular <input type="checkbox"/> EUR 20,- for assistant doctors	<b>only in combination with a main program ticket</b>
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<b>PRE-PROGRAM BREAST SURGERY WORKSHOP - PICTURES VIDEO LESSONS</b> (2.30 to 7.00 pm) September 5, 2019 <input type="checkbox"/> EUR 75,- regular <input type="checkbox"/> EUR 50,- for assistant doctors with the following (two) <b>BREAST SURGERY COURSES</b> (preceding: 12.00 to 1.45 pm): <b>Block I:</b> <input type="checkbox"/> 1. Tattoos and Nipple Reconstruction or <input type="checkbox"/> 2. The Tuberos Breast (12.00 to 12.45 pm; first cross here) <b>Block II:</b> <input type="checkbox"/> 3. Implant Complications or <input type="checkbox"/> 4. Marking the Breast (1.00 to 1.45 pm; second cross here)	<b>only in combination with a main program ticket</b>
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## PAYMENT

### BY SEPA DEBIT ADVICE PROCEDURE only within the European Union

I hereby give Jörg Eickeler, Beratung • Organisation • Veranstaltung a revocable title to collect the fees for Master of Disaster 2019 when due from my account by SEPA debit advice procedure. If there should not be enough funds on my account, the account-holding bank does not have the obligation to honour the payment. In the case of non-payment or incorrect details on the bank account, I undertake to pay Jörg Eickeler, Beratung • Organisation • Veranstaltung for the costs thereby incurred. Portioned encashments in debit advice procedures shall not be made.

account holder

IBAN (International Bank Account Number)

bank, town

BIC (Business Identifier Code of the bank)

\_\_\_\_\_  
signature of account holder

\_\_\_\_\_  
town, date

### BY CREDIT CARD

MASTERCARD  VISA CARD

I hereby give Jörg Eickeler, Beratung • Organisation • Veranstaltung a revocable title to collect the fees for Master of Disaster 2019 when due from my credit card. In the case of non-payment or incorrect details on the credit card, I undertake to pay Jörg Eickeler, Beratung • Organisation • Veranstaltung for the costs thereby incurred.

credit card owner

credit card number

 /

valid until: month / year

card verification number

The card verification number is printed on the back side and has three digits.

\_\_\_\_\_  
signature of credit card owner

\_\_\_\_\_  
signature, stamp

**TERMS AND CONDITIONS OF REGISTRATION:** The closing date for pre-registration is August 28, 2019. Following receipt of your fully completed registration form, we will confirm your registration by email or fax. In case of cancellation (in writing only) up to four weeks prior to the start of the event, an administration fee of EUR 25 per person will be charged. In case of cancellation up to two weeks prior to the event, half of the participation fee shall be payable. Payment of the full participation fee shall be due in the event of cancellation at a later date or failure to appear at the event. Naturally, you have the right to nominate a replacement participant. The organizer reserves the right to make alterations to the program without prior notification. **I hereby confirm my booking and accept the terms and conditions of registration.**