



ENT Robotic Workshop

June 22nd, 2017 - Paris, France

Registration for Dissection Course- Form A - June 22nd, venue: University Descartes, Rue St Peres, Paris, France

Please be noted that participation in the Advanced Course :Dissection on cadavers on June 22, 2017 is open to those who register for the full 2-days program of ENT Robotic Workshop (June 22 and June 23, 2017)

Please fill out with typewriter or use block-letters and fax to +972-774462352 or email to: umbrella.inquiry@gmail.com
(Kindly verify that your registration form has indeed been received and processed by contacting us by above mentioned e-mail)

Prefix (Dr./Prof./Mr./Mrs): _____ First Name _____ Last Name _____

Institution (Company Name) _____ ENT/Other Subspecialty _____

Mobile number: _____ E-mail address: _____

Country: _____ Postal Address: _____

Invoice on the name of (participant or company name): _____

ID number or Company Registered number for the Invoice: _____

Participation Fees-Single Day, Thursday June 22nd: € 780

Registration fees include: Admission to the Advanced Course, Coffee break, Lunch

Total Amount: _____

Cancellation Policy:

The Organizing Secretariat (Umbrella Events) should be notified in writing of any changes or cancellation of registration. The following cancellation policy applies:

Cancellation before 25 March, 2017: 100% refund less handling fees of € 70

Cancellation from 26 March– 30 April, 2017 50% :refund, less handling fees of € 70

Cancellation from 1 May– 15 May 2017: 25% refund less handling fees of € 70

No refunds for cancellations from 16 May 2017

I have read and agree to the terms of the cancellation policy **Signature:** _____

Payment details:

*** Please note:** Payment to be made to the Workshop Secretariat by bank money transfer.

Kindly ensure that the full registration fees on the amount of 780 Euros are paid to the secretariat (Bank charges are the responsibility of the registrant)

Upon completion of money transfer please forward Bank transmission approval either by email to ent.robotic2017@gmail.com or by **fax: +972-774462352**.

Thereafter a registration and participation confirmation shall be sent to you by the Workshop secretariat via email.

Account name/ Beneficiary's name: UMBRELLA EVENTS

SWIFT code: IDBLITXXX

Account number **IBAN** : IL740111450000001217374

Bank name: ISRAEL DISCOUNT BANK LTD

branch: Givatayim

branch number: 145

bank address: 19 Weizmann St. , Givatayim, ISRAEL



Eveline Shpitzer-Gottlieb

Workshop Secretariat:

ent.robotic2017@gmail.com

www.umbrella-events.co.il



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