



## REGISTRATION FORM

### 1. PERSONAL DETAILS

**Title**

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**First Name**

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**Last Name**

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**Organisation**

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**Position**

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**Address**

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**Telephone**

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**Fax**

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**Email**

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### 2. REGISTRATION

Please tick the appropriate box to indicate your registration type:

- ESOP Member  
 ESOP Non-Member

Also, please indicate the course you wish to register for:

			<b>Early Rate Deadline: 9<sup>th</sup> July 2013</b>	<b>Regular Rate</b>
<input type="checkbox"/>	<b>Course I</b>	21 <sup>st</sup> – 23 <sup>rd</sup> October 2013	360 EUR ESOP members* 420 EUR ESOP Non-members*	360 EUR ESOP members* 570 EUR ESOP Non-members*
<input type="checkbox"/>	<b>Course II</b>	23 <sup>rd</sup> – 25 <sup>th</sup> October 2013	240 EUR ESOP members* 300 EUR ESOP Non-members*	240 EUR ESOP members* 450 EUR ESOP Non-members*
<input type="checkbox"/>	<b>Both</b>	21 <sup>st</sup> – 25 <sup>th</sup> October 2013	500 EUR ESOP members* 650 EUR ESOP Non-members*	500 EUR ESOP members* 900 EUR ESOP Non-members*

- Incl. VAT 19 %

**DEAD-LINE FOR REGISTRATION: Monday, 2<sup>nd</sup> August 2013.**



## REGISTRATION FORM

### 3. PAYMENT DETAILS

Please fill in the following remittance advice to indicate payment of your registration fee:

Payment

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Amount

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Transferring

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- **Please note that payments should be made to:**

**Bank transfer to**

ConEvent GmbH, Cuxhavener Strasse 36, 21149 Hamburg, Germany:

Dt. Apotheker- und Ärztebank, Hamburg

BIC: **DAAEDED**

IBAN: **DE46 3006 0601 0204 5009 38**

Payment Details: ESOP /Invoice Number/ Name and Surname of Participant for whom payment is made

- **Bank charges are fully covered by participants**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Please sign and return the completed registration form to (fax, mail):**

- ESOP Membershipservice  
c/o DGOP e.V.  
Cuxhavener Straße 36  
21149 Hamburg  
Germany
- fax: 0049 - 40 - 791 43 601
- [membershipservice@esop.li](mailto:membershipservice@esop.li)