



## 2<sup>nd</sup> Master Classes in Oncology Pharmacy

Course II: Clinical oncology pharmacy, March 5-7<sup>th</sup>, 2009

Hotel Ibis Praha City, Prague, the Czech Republic

### Registration and Accommodation Form

#### Personal Details

Title:

First name:

Surname:

Organization (including address):

Country:

Telephone:

Fax:

Email:

I hereby register for:

Course II: Clinical oncology pharmacy, March 5-7<sup>th</sup>, 2009

#### Registration Fee

ESOP Member	<input type="checkbox"/>	250 € / per one course
ESOP Non-Member	<input type="checkbox"/>	300 € / per one course
Speaker	<input type="checkbox"/>	0 €

#### Accommodation

<input type="checkbox"/> Ibis Praha Wenceslas Square Hotel	79 € / per night including breakfast / per single or double room
<input type="checkbox"/> Novotel Praha Wenceslas Square Hotel	129 € / per night including breakfast / per single room 144 € / per night including breakfast / per double room

Date of Arrival

I will stay in

Single room

Date of Departure

Double room

I will share the room with

The accommodation is reserved in the term of the event, March 4-7<sup>th</sup>, 2008. If you require additional nights or twin room please let us know in advance. Participants have to cover the reserved accommodation themselves directly to the hotel upon arrival.

The accommodation and price per night cannot be guaranteed after deadlines.

**Registration and Accommodation Deadline for course II:**

**16<sup>th</sup> February 2009**

#### Terms of Payment for Registration Fee only:

Bank Name: UniCredit Bank Czech Republic, a.s.

Bank Address: Na Příkopě 858/20, 113 80 Praha 1

Account Number: 515293-009/2700

IBAN: CZ26 2700 0000 0005 1529 3009

SWIFT: BACXCZPP

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

**NOTE:** All bank charges are fully covered by participant.

Date:

Signature:

**Please return the completed form to the Event Organiser by fax or by email:**

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