REGISTRATION FORM
BUDAPEST EScoP COURSE

JUNE 2-4, 2016

NAME .....

COUNTRY OF RESIDENCE .....

INSTITUTION .....

E-MAIL ADDRESS .....

PHONE NUMBER .....

I WOULD LIKE TO USE A MOBILE DEVICE (TABLET OR LAPTOP) PROVIDED DURING THE COURSE FOR DIGITAL SLIDE VIEWING ☐ YES ☐ NO

I WILL USE MY OWN MOBILE DEVICE FOR SLIDE VIEWING ☐ YES ☐ NO

SPECIAL NEEDS FOR FOOD

☐ NO ☐ VEGETARIAN ☐ VEGAN ☐ GLUTEN-FREE ☐ LACTOSE-FREE

DETAILS OF THE BANK ACCOUNT TO WHICH THE REGISTRATION FEE IS TO BE TRANSFERRED:

IBAN: HU59 1176 3842 0045 7880 0000 0000

Swift: OTPVHUHBXXX

Name and address of bank: OTP Bank Nyrt. Nádor utca 16, H-1051 Budapest, Hungary

Name of account: Magyar Patológusok Társasága – EUR

I WILL PAY THE REGISTRATION FEE – EUR 120,00

☐ IN ADVANCE VIA BANK TRANSFER ☐ ON SITE BY CASH

Please ***send*** the Registration form via e-mail to
kulka.janina@med.semmelweis-univ.hu

or by ***post*** to
Dr. Janina KULKA
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Üllői út 93., H-1091 Budapest, Hungary