



# European Venous Forum 2009

## June 5-7, 2009

For secretariat use

### REGISTRATION FORM

904

Fill in with block letters or type and return the form together with your payment to: **“EVF”**,  
c/o DIS Congress Service, Herlev Ringvej 2 C, DK-2730 Herlev, Denmark

Tel.: +45 4492 4492 - Fax: +45 4492 5050

e-mail: EVF@discongress.com

#### PARTICIPANT

Family name: \_\_\_\_\_ First name(s): \_\_\_\_\_

Title/Profession: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

No. of Pers.	REGISTRATION FEES in Danish kroner (DKK) Only one participant per form	Before 6 April DKK	After 6 April DKK	TOTAL DKK
	Member €450/ €500	3,375	3,750	
	Non member €500 / €550	3,750	4,125	
	Trainees €300 / €350	2,250	2,625	
	Exhibitors €300/ €350	2,250	2,625	
<b>Hotel reservation</b>				
	Hotel payment <i>per room</i> :  ___ nights x DKK _____ = _____  See prices per night on page 2.	⇒		
<b>Social Programme</b>				
	Welcome Reception, 5 June		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Gala Dinner, Langelinie Pavillonon, 6 June €50		565	
	Gala Dinner, Langelinie Pavillonon, 6 June Accompanying person €93		700	
<b>Total amount</b>				

*Please turn over for information on payment and accommodation ⇒*

## **PAYMENT**

All payments must be made in Danish Kroner (DKK) and payable to **EVF**, c/o DIS Congress Service.  
Registration or hotel reservation will be confirmed when DIS Congress Service has received the payment.

Payment must be remitted as follows:

- by **banker's draft or cheque** drawn on Danske Bank, Frederiksberggade 1, DK-1012 Copenhagen K, Denmark
- by **bank transfer** to **IBAN No. DK83 30004180553576** - bank account No. **4180 4180-553 576 (EVF)** - Swift code: **DABADKKK** in Danske Bank, Frederiksberggade 1, DK- 1012 Copenhagen K, Denmark
- by **credit card**. By my signature I authorize DIS to charge my credit card. The total amount must be written on the front page in the box "**Total amount**".

Dankort    Eurocard    Master    Visa    Access

Card No. \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_      Expiry date \_\_/\_\_\_\_      Control code\* \_\_\_\_

\*The three (3) last digits printed on the back of your credit card.

Cardholders name: \_\_\_\_\_

Cardholders signature: \_\_\_\_\_

*Remember to state **Participant's NAME** and **EVF** on all payments!*

## **HOTEL RESERVATION**

Arrival date: \_\_\_\_\_ June - Departure date: \_\_\_\_\_ June

Hotel	Single room Price per night	No. of rooms	Double room Price per night	No. of rooms
Scandic Copenhagen	1,390		1,590	
Norlandia Mercur	1,125		1,125	
Cab-Inn City	545		675	

Prices include service charge and taxes. All rooms are with bath or shower.

**No-smoking room (can not be guaranteed)**

**Special wishes:** \_\_\_\_\_

**I herewith confirm by my signature below that I have read and am fully aware and accept the cancellation/payment conditions and the liability/insurance conditions stipulated on the conference website**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*Remember to make a copy of this form for your own file*