



## REGISTRATION FORM

**Fill in with capital letters or type and return the form :**

Congress Secretariat  
 VMEC BV "EVF 2010",  
 WG. Plein 166  
 1054 SC Amsterdam  
 Netherlands  
 Tel.: +31 (0) 20 465 20 27/ Fax: +31 (0) 20 465 20 28 / E-mail: [EVF2010@vmec.nl](mailto:EVF2010@vmec.nl)

### PARTICIPANT

Family name: First name(s): \_\_\_\_\_  
 Title/Profession: \_\_\_\_\_  
 Company/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal code: City: Country: \_\_\_\_\_  
 Fax: E-Mail: \_\_\_\_\_

Registration fee Only one person per form	Before 30 April 2010	After 30 April 2010
EVF Member	<input type="checkbox"/> € 400	<input type="checkbox"/> € 500
Non member	<input type="checkbox"/> € 500	<input type="checkbox"/> € 600
Trainee / nurse	<input type="checkbox"/> € 250	<input type="checkbox"/> € 350

Social Programme		
Welcome Reception 24 June	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dinner cruise 1 person 25 June	<input type="checkbox"/> € 75	
Dinner cruise 2 persons 25 June	<input type="checkbox"/> € 150	
Dinner cruise for more persons	_ X € 75 =_	

**Payment:** After registration you will receive an invoice and instruction for payment.  
 Confirmation of the registration will be sent after receiving the payment.

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

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