REGISTRATION FORM

Please register online at <u>https://www.hodgkinsymposium.org/registration</u> send an email to <u>info@hodgkinsymposium.org</u> or send a fax to: +49(0)2102.96 48 29



INDIVIDUAL REGISTRATION Title First Name Last Name			GROUI	GROUP REGISTRATION			
			Group Co	Group Contact Name			
			Institutio	Institution / Group Address			
			Address				
Institution							
Address							
			Zip / post	t code			
			Country				
Zip / Post Code			Phone	Phone			
Country			Fax	Fax			
Phone			E-Mail	E-Mail			
Fax			Number	Number in Group			
E-Mail			be sent		orrespondence relating to the group will p contact. A 10% discount will be granted. pants)		
MY REGISTRATION FEE IS							
On or before 15.07.2024	€400	Students*1		€100	GHSG Members ^{*3} € 280 □		
From 16.07. to 24.10.2024	€ 500	Allied Health Pro		€ 100	Abstract Presenter € 400 🗌		
On-Site Registration *1. A letter confirming the student/A head of department and to be fa *2. A letter followed by copy of your *3. A letter to identify you as GHSG M	xed to: +49(0)2102 passport to be faxed	.96 48 29 to: +49 (0) 2102.96 48	d from your 29	€ 330 🗌	TOTAL Euro		
PAYMENT OPTIONS							
We herewith authorise you to de	bit our credit card a	accordingly Visa	Maste	rcard 🗌	American Express 🗌		
Card No	Expiry Date		CVC		Bank Transfer:		
Date					To Gabriele Hanke (TCA) Bank: Commerzbank AG Ratingen (BLZ: 300 800 00) Account No: 0560116203		
	Cardholder's Sign	ature			IBAN DE77 3008 0000 0560 1162 03 BIC (SWIFT Code) DRESDEFF 300		

PLEASE NOTE

that if payment or proof of payment is not received by the organizers prior to the meeting, we regret that your registration will be considered as unpaid and the on-site delegate registration fee will be charged.