



IPOKRATES

Registration Form

IPOKRATES International Head Office

Please fax to: Fax +49 (0)621 4106-80134

Please mail to: IPOKRATES International Head Office • Rosengartenplatz 2 • 68161 Mannheim/Germany

MY PERSONAL COMMUNICATION DATA ARE

Family Name	First Name
Hospital / Dept.	Street or P.O. Box
City & postal code	Country
Phone	Fax
E-Mail	

I HEREWITH REGISTER AT IPOKRATES INTERNATIONAL

For the Seminar	Place
Date	Participation fee - EURO -
If indicated under PARTICIPATION FEE: Two persons ("Twin participation") - EURO -	
Family Name of the second participant	First Name

MASTER-CARD / EURO-CARD

Credit card No.

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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VISA-CARD

Expiration date

□	□	□	□	□	□
month			year		

Verification number

□	□	□	□
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Date, Signature

If participation is sponsored, we need a letter of the sponsor company and the participant's name as well as the invoice number on the bank transfer.

According to European bank regulations, cheques or bank transfers incur bank charges which have to be paid by the participants. We encourage foreign participants to use credit cards. If you are not paying by credit card, we must receive the tuition fee at the latest 3 weeks after registration, otherwise we have to cancel the registration. Please add the name of the participant and the invoice number on each bank transfer!

(City)

RECOMMENDED BY: (Name)