

REQUEST FORM FOR EDUCATIONAL GRANT OFFERED BY

Cardio Cath Meeting 2020 Live Demonstration Course

FOR FREE REGISTRATION / ACCOMMODATION

Personal Information

* field mandatory

Family name*	
First name*	
E-mail address*	
Cell phone number*	
Country*	
City*	
Affiliated Medical Center*	



Newsletter	
Website (browser)	
Peer	
Other (Please specify)	
What are the reasons you want to attend this Live Demonstration Course? *	
Registration	
I register as: * Physician	
Trainee	
Could you please specify your specialty:*	
Accommodation	
Preferable dates of arrival and departure (up to 2 nights from 18-20 June 2020):	
Check-in: Check-out:	
Number of nights:	

<u>Note</u>: The application for accommodation grant corresponds to the expenses of a <u>single room</u>. Your accommodation will be settled according to hotels' availability and you will be informed by the Organizing-Administrative Bureau.



Personal data

By sending this form, I agree that

- my personal data might be used for the purposes of my arrangements by the company or any service providers that may need it
- ↓ I want to receive newsletter from the Organizing Bureau Conferre S.A

Signature Date