



**REQUEST FORM FOR EDUCATIONAL GRANT OFFERED BY**

*The 15th Annual Congress of the Hellenic College of Cardiology &  
Cardio Cath Meeting 2019 Live Demonstration Course*

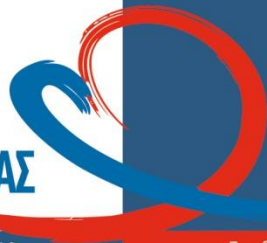
**FOR FREE REGISTRATION / ACCOMMODATION**

**Personal Information**

*\* field mandatory*

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

Affiliated Medical Center*	
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How have you heard about the 15th Annual Congress of the Hellenic College of Cardiology & Cardio Cath Meeting 2019 Live Demonstration Course ?\*

- Newsletter
- Website (browser)
- Peer
- Other (*Please specify .....*)

What are the reasons you want to attend this Annual Congress & Live Demonstration Course?\*

### Registration

- I register as:\*
- Physician
- Trainee

Could you please precise your speciality :\*

### 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 Hellenic College of Cardiology and the Organizing Bureau Conferre S.A*

*Signature*

*Date*