**REQUEST FORM FOR EDUCATIONAL GRANT OFFERED BY**

**LIVE 2019 Symposium**

**FOR FREE REGISTRATION / ACCOMMODATION**

**Personal Information**

*\* field mandatory*

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

|  |  |
| --- | --- |
| Affiliated Medical Center\* |  |

How have you heard about LIVE 2019 Symposium?\*

 Newsletter

 Website (browser)

 Peer

 Other *(Please specify .....................................................................................)*

What are the reasons you want to attend this Annual Symposium?\*

|  |
| --- |
|  |

**Registration**

I register as:\* Physician

 Trainee

|  |  |
| --- | --- |
| Could you please specify your specialty :\*  |  |

**Accommodation**

Preferable dates of arrival and departure:

**Check-in**: ………………………

**Check-out**: ………………………

**Number of nights**: ………………

***Note****:* The application for accommodation grant corresponds to the expenses of a single room. 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 Institute of Vascular Diseases and the Organizing Bureau Conferre S.A*

*Signature Date*