



Registration Form

Please fill in the registration form and send it back as scan by email to ilse.gaisbauer@myesr.org by Tuesday, May 1, 2012. The maximum number of participants is 80.

In order to participate in the workshop, we have to levy a catering contribution of **EUR 150** (includes 10% VAT) per participant. With your signature, you therefore agree that we deduct the above mentioned amount from your credit card.

During the workshop there will be work in working groups. Please indicate your preference on topic. Mark first, second and third choice.

- CT
 Interventional
 X-ray outside the x-ray department

Contact details

Title: Gender: Male Female
First Name:
Last Name:
Profession:
Area of Expertise:
Department:
Hospital / Institute:
Street/ no:
Postal Code: City: Country:
Phone: Fax:
Email:

Payment details

- Visa
 Mastercard

(Please make sure that this form is signed by the cardholder.)

Name of cardholder		
Credit card no	Expiry date	CVV2
Date	Signature of cardholder	

My signature certifies that I accept the terms and conditions of ESR (to be found at www.myESR.org).