



FETAL ECHOCARDIOGRAPHY COURSE  
28th – 29th of November 2014 • Intercontinental Hotel

## REGISTRATION FORM

### GENERAL DATA

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

MEDICAL SPECIALITY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

### REGISTRATION FEE

300 LEI, VAT included

The accommodation and transport will be supported by each participant.

### REGISTRATION POLICY

First come, first served

### PAYMENT DETAILS

Paloma Tours SRL - 60 Vasile Lucaciu Street, District 3, Bucharest

VAT number: RO3801712

Bank Account: RO25 INGB 0001 0081 9877 8910, ING Bank

### INVOICE DETAILS

An invoice will be issued on your name or the institution name that will pay the registration fee.

Name of the company/institution: \_\_\_\_\_

Address: \_\_\_\_\_

VAT number: \_\_\_\_\_ CNP: \_\_\_\_\_

### CONTACT PERSON FOR DETAILS

Veronica Alecsa, Marketing Coordinator

veronica.alecsa@gadagroup.ro; tel: +4021 3172102

### ATTENTION!

ON THE PAYMENT CONFIRMATION PLEASE SPECIFY THE TEXT "REGISTRATION FEE – FETAL ECHOCARDIOGRAPHY COURSE"

THE REGISTRATION FORM MUST BE COMPLETED WITH CAPITAL LETTERS AND SEND TOGETHER WITH THE PAYMENT CONFIRMATION TO THE FOLLOWING E-MAIL ADDRESS:  
VERONICA.ALECSA@GADAGROUP.RO