

November 12-13th, 2010 | Warsaw | Poland
3-rd UPPER LIMB COMMITTEE COURSE

Organization Office:
Center for Medical Education CEMED Sp. z o.o.
ul. Pory 78 6th floor, 02-757 Warsaw, Poland
tel. +4822 355 85 01, fax +4822 355 85 18
e-mail: cemed@cemed.pl, www.cemed.pl

Friday, November 12th | Carolina Medical Center, Warsaw, 78 Pory Street | lectures and live surgeries
Sunday, November 13th | Medical University of Warsaw, Warsaw, 5 Chalbinskiego Street | cadaveric workshop

REGISTRATION FORM

Delegate Details

Country of residence _____
First name _____
Last Name _____
Title _____
Specialisation _____
Telephone (with country and area code) _____
Fax _____
Mobile phone _____
E-mail address _____

Billing information

Full name of institution/organization _____
Tax Identification Number _____
Country _____
City/Town _____
Postal code _____
Address _____
Telephone _____
Fax _____

I would like to register for:

- first day:** course fee is EURO **200** - payment before day of Course, EURO **250** – payment at the course; per person
Registration fee includes: access to all lectures and live surgeries (during first day), course book, lunch and coffee breaks, certificate of attendance, conference bag and badge
- second day:** course fee is EURO **500** - payment before day of Course, EURO **550** – payment at the course; per person
Registration fee includes: access to all lectures and practical sessions (during second day), course book, lunch and coffee breaks, certificate of attendance, conference bag and badge
- first + second day:** course fee is EURO **700** payment before day of Course, EURO **800** – payment at the course; per person
Registration fee includes: access to all lectures, live surgeries and practical sessions (during first and second day), course book, lunch and coffee breaks, certificate of attendance, conference bag and badge

Participation conditions:

Please submit the completed registration form by fax (+4822 355 85 18) or by online registration via our website, and make payment of course fee no later than on the day of Course. Number of participants are limited.

Payment:

Payment to the account of Centrum Edukacji Medycznej CEMED Sp. z o.o., ul. Pory 78, 02-757 Warszawa, Polska, number:
BPKOPLPW PL 70 1020 1169 0000 8602 0107 6488, title transfer: „name:....., 3-rd UPPER LIMB COMMITTEE COURSE”

Registration confirmation:

A confirmation letter will be sent by e-mail and by fax to the address and number given on the registration form, 14 days before the date of the course. If you have to receive a confirmation letter earlier, please contact organizer’s office at +48 22 355 85 03 or e-mail to m.domanska@cemed.pl

Cancellation policy and refunds:

To cancel your conference registration, you must submit a written request. Telephone calls will not be honored. Please fax at + 48 (22) 355 85 18 or e-mail to cemed@cemed.pl. Cancellations will be confirmed by the organizers in writing. Cancellations received on or before October 25th, 2010, are entitled to a full refund. After October 25th, 2010, no refunds can be given. However, substitutions will be accepted anytime up to the course date at no extra cost. Any refunds will be issued after the conference. Registered participants who do not attend the conference and have not submitted a written cancellation or substitution request will be invoiced for the full amount outstanding. If for any reason beyond our control we are forced to cancel the meeting, the fee already paid will be reimbursed as soon as possible. Cancellation of reservation for travel, accommodation and the like will be the sole responsibility of the participant. We will be unable to reimburse any losses and cancellation fees.

The data you provide will be held on a database in accordance with the law of Republic of Poland (ustawa z dnia 29 sierpnia 1997 r. o ochronie danych osobowych, t. jedn. Dz. U. z 2002 r. Nr 101, poz. 926). Occasionally your details may be passed to sponsors and or endorsers who have supported event at which you attend, and who wish to contact you for related purposes. If you do wish your information to be changed or deleted, please write to the Database Manager at Centrum Edukacji Medycznej CEMED Sp. z o.o., 02-757 Warszawa, ul. Pory 78, Poland.

I agree to the following terms and conditions relating to the conference booking I am about to make _____ (signature)