REGISTRATION FORM

**Please complete and return to**:

European Venous Forum,

PO Box 172, Greenford, Middx, UB6 9ZN, UK

Tel/Fax: +44 (0)20 8575 7044 /Email: admin@europeanvenousforum.org

First name: ………………………...........…Last name: ….....…………………………Title (e.g. Dr/Mr/Miss): ....

(In caps)

Position: ......................................................................................... Speciality:.................................................................... ...............

Mailing Address: ………………………………………………………………………………………………………………

City: ……..………………………………………. Post Code: ……………… Country: …………………………………

Tel (incl codes): …….……………………………..……………… E-mail: ……………….………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **REGISTRATION FEE** | **Before**  **20 January 2017** | **After**  **20 January 2017** | **Amount due** |
| Delegate | £ 350.00 | £ 450.00 | £ |

**TOTAL PAYMENT DUE £**

The registration fee includes access to all lectures, tea/coffee breaks, lunch, certificate of attendance and conference documentation.

Please indicate any dietary requirements / allergies: …………………………………………………………………………….

**PAYMENT OPTIONS**

Payment must be included with the registration form. Registration will not be confirmed unless payment is received. Payment can be made by credit card or bank transfer:

**Payment by Credit Card**: Please deduct the sum of £\_\_\_\_\_\_\_\_\_\_\_\_\_ from my VISA/MASTERCARD

Name of Cardholder: ………………………………………………………......................................................................

Address: ………………………………………………………………………………………………..

………………………………………………………………………………. Country: ……………….

VISA/MASTERCARD NO: ………………………………………………………………………… Security code: ...................

Expiry Date: …………………….................. Signature: ………………………………………………. Date: .................................................

**Payment by Bank Transfer:** To make a payment by bank transfer, please send your payment to the following bank account:

Bank: Barclays

Account Name: European Venous Forum Ltd

Account No: 33042480

Sort Code: 20 27 49

IBAN No: GB22 BARC 2027 49 330424 80

Swift/BIC No: BARC GB 22

Please quote reference “EVF Workshop and your name” when making payment and fax a copy of your instruction to the EVF Office on :+44 (0)20 8575 7044

□ Please keep me informed of future EVF events.

□ I do not wish my details to be made available to exhibitors/sponsors of the meeting (please tick √ as appropriate)

CANCELLATION

Notification of cancellation must be sent in writing to the office. Refund of fees, less 30% administration charges may be applied for until 27th January 2017. After this date, no refund can be made. Refunds will be processed after the Congress