

Group Registration Form - Summary

Please attach as many Group Member List pages as necessary and summarize below.
Please fill in all the highlighted fields accordingly.

Group Contact Details

FIRST NAME:			
LAST NAME:			
ORGANIZATION:			
ADDRESS:			
CITY:		COUNTRY:	
ZIP/POST CODE:		STATE/PROV.:	
PHONE NO.:		E-MAIL:	

Early Bird Rates available till 31/10/18

Registration Type	Rate	No. of participants	Subtotal
<input type="checkbox"/> General	550,00 €		
<input type="checkbox"/> Trainees*	450,00 €		
<input type="checkbox"/> Students*	200,00 €		
<input type="checkbox"/> Developing / Low resource countries**	250,00 €		
<input type="checkbox"/> Additional exhibition staff ***	150,00 €		

* Certification required

** See List of countries on website and if apply, passport and medical center location required

*** Entrance to Exhibition area only

TOTAL TO BE PAID: €

Payment Options

A. By Bank transfer

1. Please fill in this form and prepare all proof documents, where necessary.
2. Proceed with a Bank Transfer to:

Company: TRAVEL NEXUS SPAIN, SL

Bank: Banco Santander

Bank number/Sort Code: BSCHE5MM

Address: C. Córsega 429; 08037 Barcelona (España)

Bank Account Number: IBAN ES49-0049-3398-90-2214096469

3. Send this form duly signed with all certifications & proof of payment to: registration@hysteroscopy2019.com.
4. Once the information and payment are received, we will confirm the registration by return email.

B. By Credit/Debit Card

1. Please fill in the card details below and return this form duly signed to: registration@hysteroscopy2019.com.
2. Once the payment has been made, we will confirm the registration by return email.

TYPE:	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	NAME ON CARD:		
CARD NUMBER:		EXPIRY DATE:		CVC:

General Notes

DATA PROTECTION:

By filling in this form, you authorize Travel Nexus Spain SL to incorporate the details you provide into the GCH2019 data base and use it for the only purpose of managing your participation in the congress via email, phone, printed congress material, etc. as legally required.

Travel Nexus Spain SL and the GCH2019 organizing committee shall use your data also for marketing purposes of keeping you informed about developments on the congress editions and hysteroscopy related issues. This is done via digital newsletters, email marketing and the GCH2019 social networks.

In application of the new GDPR, please give your consent to do so on behalf of all Group Members: Yes, I agree No, I disagree

Should you need to access, modify or cancel your data or consent, please write to secretary@hysteroscopy2019.com

DISCLAIMER:

The organizing committee and the congress organizer maintain the right to change the congress schedules and program as well as specific services. All and any essential changes will be announced on the congress website, app and via e-mail. Security and first aid assistance will be available at the congress center however, neither the organizing committee nor the congress organizer will be liable for accidents, bodily injury, theft or similar occurrence. Liability for additional costs due to force majeure events beyond the control of the organizing committee such as transportation delays (including changes or cancellations of flights, trains or other), strike actions, illness, weather, etc. are all excluded. As it is clearly not included in any given participation fee, it is highly recommended that participants purchase appropriate travel insurance. The organizing committee and the congress organizer accept no liability for any additional costs caused by a change in the program.

SIGNATURE & DATE

Group Registration Form - Members List

Fill in as many pages as necessary according to the number of participants you are registering.
Please make sure the types and total number of participants match the Group Summary (page 1).

Personal Details		Participant number 1
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 2
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 3
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 4
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 5
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

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Fill in as many pages as necessary according to the number of participants you are registering.
Please make sure the types and total number of participants match the Group Summary (page 1).

Personal Details		Participant number 6
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 7
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 8
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 9
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 10
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Group Registration Form – Members List

Fill in as many pages as necessary according to the number of participants you are registering.
Please make sure the types and total number of participants match the Group Summary (page 1).

Personal Details		Participant number 11
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 12
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 13
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 14
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	
Personal Details		Participant number 15
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:		COUNTRY:
ZIP/POST CODE:		STATE/PROVINCE:
PHONE NO.:		E-MAIL:
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Group Registration Form - Members List

Fill in as many pages as necessary according to the number of participants you are registering.
Please make sure the types and total number of participants match the Group Summary (page 1).

Personal Details		Participant number 16
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:	COUNTRY:	
ZIP/POST CODE:	STATE/PROVINCE:	
PHONE NO.:	E-MAIL:	
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 17
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:	COUNTRY:	
ZIP/POST CODE:	STATE/PROVINCE:	
PHONE NO.:	E-MAIL:	
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 18
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:	COUNTRY:	
ZIP/POST CODE:	STATE/PROVINCE:	
PHONE NO.:	E-MAIL:	
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 19
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:	COUNTRY:	
ZIP/POST CODE:	STATE/PROVINCE:	
PHONE NO.:	E-MAIL:	
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	

Personal Details		Participant number 20
FIRST NAME:		
LAST NAME:		
ORGANIZATION:		
ADDRESS:		
CITY:	COUNTRY:	
ZIP/POST CODE:	STATE/PROVINCE:	
PHONE NO.:	E-MAIL:	
TYPE:	General <input type="checkbox"/> Trainee <input type="checkbox"/> Student <input type="checkbox"/> Dev./ Low resource country <input type="checkbox"/> Add. exhib. Staff <input type="checkbox"/>	