



ESSR 2006 – Registration Form

9 – 10 June, 2006 – Bruges - BELGIUM

www.essr2006.be

Please return signed form:

- King Conventions bvba., ESSR, Korte Meer 18, B-9000 Gent, Belgium
- by fax: +32 9 233 85 97

PARTICIPANT:

TITLE: Prof. Dr. Mr. Mrs. Miss

FAMILY NAME: FIRST NAME:

University/Institution:

Department:

P.O. Box/Street Address:

Zip Code and City: Country:

Telephone: Fax: E-mail:

ACCOMPANYING PERSON(S):

Family Name: First Name:

Family Name: First Name:

SECTION A: REGISTRATION

	Euro	Euro	Number of persons	EURO
Price per person	Before 10 March 2006	After 10 March 2006		
ESSR Members	275	325	x
Student or Radiologist in training	150	250	x
East-Europe	150	250	x
Non-member	325	375	x
Accompanying Persons	50	60	x

Student or Radiologist-in-training = certificate required!

TOTAL SECTION A:

SECTION B: ULTRASOUND HANDS-ON TRAINING

	Basic/Beginner	Advanced/Masterclass
The number of places available in each workshop is limited. Places will be assigned on a first-come... first-served base.	To ensure the quality of the Hands-on training please indicate of your level of experience. Also indicate your preference with 1= first choice – 4 = last choice	
Ultrasound Hands-on training - Shoulder
Ultrasound Hands-on training - Elbow/Wrist
Ultrasound Hands-on training - Knee
Ultrasound Hands-on training - Foot/Ankle

SECTION C: SOCIAL PROGRAM

	Date	Price/person	No of Persons	EURO
Mayor's Reception in the City Hall	9 June	FREE	_____	FREE
Gala Dinner	10 June	50 Euro	_____	_____
TOTAL SECTION C:				

SECTION D: HOTEL ACCOMMODATION

Arrival date ____/____/____ Departure date ____/____/____ No of nights ____/____
 Type of room : Single room Double room

Category	RATE (EURO)		N° of NIGHTS	EURO
	Single	Double/ Room		
Sofitel*****	190	210		
Crown Plaza****	210	240		
Hotel Karos Brugge****	67	85		
Hotel Putje***	72	95		
Interhotel***	72	81		
Novotel Brugge***	140	160		
Hotel Markies**	72	87		
Hotel Goezeput **	60	70		
Breakfast and VAT are included in the price.			TOTAL SECTION D :	

The number of places available in the hotels is limited. Places will be assigned on a first-come... first-served base. No confirmation can be supplied unless we receive your payment for the hotel.

SECTION D: TOTAL PAYMENT

Section A: Registration _____ Euro
 Section C: Social Program _____ Euro
 Section D: Hotel Accommodation _____ Euro

TOTAL PAYMENT Euro

Having signed below, I herewith confirm that I have read and am fully aware of the cancellation conditions stipulated in the announcement

PAYMENT

All payments should be made in Euro and made out to King Conventions bvba. Mark your payment with your name.

Bank Transfer: Account number : 737-0157590-08 (IBAN: BE63 7370 1575 9008 – BIC: KREDBEBB)
 (Bankers address KBC, Drapstraat 1, 9810 Nazareth , Belgium)

Visa American Express Eurocard/Mastercard

Cardholder Name:

Expiration Date: .../... Card Number: _____

Card holder's signature:

Date:

I hereby authorise King Conventions to debit this credit card account for the total amount due. I also consent to Semico debiting or crediting my credit card account of any subsequent change(s) to the items booked.

DO NOT SEND BY MAIL THE FORM YOU HAVE PREVIOUSLY SENT BY FAX IN ORDER TO AVOID DUPLICATES!