

THE EUROPEAN SOCIETY FOR PHOTODYNAMIC THERAPY

SEVILLE, SPAIN
FRIDAY 28 AND SATURDAY 29, FEBRUARY 2020

19TH ANNUAL CONGRESS

REGISTRATION FORM

Please mail or fax to:

VISTA

EURO-PDT 2020
24 rue Erlanger
75016 Paris, France
Tel: +33 (0)1 46 43 33 55 - Fax: +33 (0)1 46 24 88 38 - Email: europdt@groupevista.com

CONTACT DETAILS

Please select: Delegate Invited Speaker (free registration and congress dinner)

Title _____

Last Name _____ First Name _____

Institution/Company _____

Address _____

Zip _____ City _____ Country _____

Phone _____ Fax _____

Email _____

ACCOMPANYING PERSON Last Name _____ First Name _____

REGISTRATION/DINNER FEES

19 th EURO-PDT Annual Congress February 28 th and 29 th , 2020 - Barcelo Sevilla Renacimiento	590 €	_____	€
Annual Congress Dinner, February 28 th , 2020	60 € x _____ pers	_____	€
TOTAL			<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> €

REGISTRATION/DINNERS CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions:
 . Until December 27st, 2019: 50% refund
 . After December 27st, 2019: no refunds will be issued
 . All refunds will be processed after the meeting

I have read and accept the registration/dinners cancellation policy _____
 Date _____ Signature _____

PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT to:
 Bank code: 30788 - Sort code: 00900 - Account n° 01220780001 - Key 52 - IBAN: FR76 3078 8009 0001 2207 8000 152 - BIC: NSMBFRPPXXX
 (copy of bank transfer must be sent along with registration/hotel reservation form)

By credit card (+4% processing fees) Visa Eurocard/Mastercard

Cardholder _____ Card number _____ Signature _____
 Card verification code (3 digits on back of card) _____ Expiry date _____ (month) _____ (year)