

International Workshop:
Management of Late Presenters with Congenital Heart Disease
November 23 2017, Elité Hotel Ideon, Lund, Sweden

REGISTRATION FORM

Participant:

First name: _____

Last name: _____

Hospital/Institution: _____

Department: _____

Street address: _____

Zip/Postal Code: _____

City: _____

Country: _____

E-mail: _____

Conference fee:

Physicians: 100 EUR

Non-physicians, students and residents: 50 EUR

The fee includes:

- Registration and conference material
- Access to all scientific sessions and the exhibition area
- Coffee/tea during breaks
- Lunch on Thursday, 23rd of November

Special diet: _____

Payment by invoice:

VAT number:

Invoice address:

Payment should be made **within 15 days from the date of the invoice.**

Please return the registration form to the conference secretary:

Ms. Annika Maxedius

E-mail: annika.maxedius@skane.se

Telephone: +46 46 17 84 72