

Registration Form

EuroPedPadLungNet meeting , Bonn, Sept 24th 2016

Family name		
First/ Given name		
Title		
Full Department Address		
Full Hospital Address		
e-mail		
Telephone		
Fax		
	bank transfer*	on-site
Registration Fee	€ 180.-	€200.-
Please indicate participation at bus transfer/dinner:		
bus transfer from Köln Messe	YES/ NO	bus transfer back to restaurant YES/NO
dinner	YES/ NO	transfer to Köln after dinner YES/NO
Contribution of cases: Please send the title of your presentation and 1 H&E slide per case together with clinical information to : Dr. Ulrike Gruber-Mösenbacher Winzerweg 3 6800 Feldkirch Austria	Deadline for title of presentation and slide submission: Sept 2nd 2016	Please include <ul style="list-style-type: none">• Slide number,• Institution• Author name• Short clinical history information can be sent per e-mail to: ulrike@gruber-moesenbacher.at

Title of my contribution +/- slide-specification

--

Please submit this registration form to Dr. Ulrike Gruber-Mösenbacher:

ulrike@gruber-moesenbacher.at Fax +43 5574/209920 6742 Tel +43 664 4106888

*

bank transfer recipient:

Medical University Graz

IBAN: AT44 3800 0000 0004 9510

BIC/SWIFT: RZSTAT2G

(Raiffeisen Landesbank Steiermark)

designated purpose: Postgrad. Ped. Lung Pathology meeting, Prof. Popper ,

Innenauftr.Nr. **A27107000217**

the reference (Innenauftrags) Nr A27107000217 is absolutely necessary , thank you