



10TH ANNIVERSARY CONGRESS ON CARDIO-THORACIC SURGERY

Sodehotel, Brussels – Saturday, November 19, 2005

On-line registration form available at www.bacts.org or www.medicongress.com

REGISTRATION FORM

Prof Dr Mr Mrs Ms

NAME: FIRST NAME:

ADDRESS: INSTITUTION HOME ADDRESS

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ZIP CODE: CITY: COUNTRY:

TEL: FAX:

E-MAIL:

REGISTRATION FEE

Registration		TOTAL
Member	€ 50,00	€
Non-Member	€ 65,00	€
Junior Member	€ 30,00	€
Junior Non-Member (certificate obligatory)	€ 40,00	€
10 th Anniversary Celebration Evening*		
Member - Non-Member	€ 30,00 x pers.	€
Trainee - Honorary Member	€ 20,00 x pers.	€
Special dietary requirements:
GRAND TOTAL		€

* Reservation before November 15 is mandatory

MY PAYMENT WILL BE MADE BY:

Bank transfer to the BVCTH-SBCCT congress account 123-6846630-18 (with mention of the participant's name)
Bank address: Beroepskrediet, Graaf Van Vlaanderenplein 19, 9000 Gent

Visa Amexco Eurocard Diners

Credit Card Number: Expiry Date:

Date: Signature:

to be returned to **Medicongress**
Waalpoel 28/34, B-9960 Assenede, Fax 32 (0)9 344 40 10, E-mail congresses@medicongress.com