

REGISTRATION FORM

Please return this Registration Form until 01.04.2010.
by Fax: +385 1 4854 580 or E-mail: nina@conventuscredo.hr

Shoulder instructional course

April 23 - 24, 2010
Zagreb, Croatia

Participant

Last Name _____ Name _____ Title _____

Invoice Address

Institution _____ Department _____

Address _____ Zip Code, City _____ Country _____

Fax _____ Phone _____ E-mail _____

- A) Registration Fees**
- | | | |
|---|-------------------------------------|--------------------------------------|
| Early Registration, until April 1, 2010 | 250,00 EUR <input type="checkbox"/> | 220,00 EUR* <input type="checkbox"/> |
| Late Registration | 300,00 EUR <input type="checkbox"/> | 260,00 EUR* <input type="checkbox"/> |
| One Day Registration | 135,00 EUR <input type="checkbox"/> | 110,00 EUR* <input type="checkbox"/> |

*residents (please note: to qualify for this registration fee, proof of status must be submitted at time of registration - i.e. a signed letter from supervisor or Department Head. This must be forwarded to the Course Organizer at the time of registration via fax at 00 385 1 4854 580 or email at nina@conventuscredo.hr)

Total Payment **A** _____ EUR

B) Accommodation

Arrival Date _____ Departure Date _____ Number of Nights _____

- | | |
|-------------|-------------------------------------|
| Single room | 105,00 EUR <input type="checkbox"/> |
| Double room | 120,00 EUR <input type="checkbox"/> |

Total Payment **B** _____ EUR

- C) Shuttle to Hotel** (25,00 EUR) YES NO

Flight Details _____

Total Payment **A + B + C** _____ EUR

Payment Terms

BANK TRANSFER Remittance should be free of charge to receiver or add 6,00 € to cover bank transfer!

MASTERCARD VISA DINERS AMEX

Card Number _____ Expiration Date (mm/yy) _____ Control Number CVV
(3 or 4 digit number back side
on the signature panel) _____ CardHolder Signature _____

By this mean, I authorize Conventus Credo Ltd. to make the debit from my credit card for the inscription to this Congress.