



REGISTRATION FORM

**Basic Course of Echocardiography, 27th – 29th March, 2014,
University Children's Hospital Zurich, Switzerland**

☐ **I will attend**

Name _____

First Name _____ **Date of Birth** _____

Function _____

Institute _____

Department _____

Address _____

Country _____

Phone _____ **E-mail** _____

	before 1st February	after 1st February
<input type="checkbox"/> AEPC Junior members (<38y)	CHF 250 / € 200	CHF 350 / € 285
<input type="checkbox"/> Ordinary AEPC members	CHF 450 / € 365	CHF 550 / € 445
<input type="checkbox"/> SSN members	CHF 450 / € 365	CHF 550 / € 445
<input type="checkbox"/> Non AEPC members	CHF 600 / € 490	CHF 700 / € 570

Registration deadline: February 28th 2014

Payment to:

FentEvent GmbH, Bronschhofen, Basic ECHO Course KISPI Zurich
Account 85-264249-5 CHF, IBAN CH63 0900 0000 8526 4249 5, BIC POFICHBEXXX

Your application will be confirmed after complete payment.

Meals ☐ I am vegetarian ☐ special wishes _____

Special requests ☐ Please get in touch with me

Date _____ **Signature** _____

Please fax or email this form back to the organizing agency.

FentEvent GmbH, Eggwilstrasse 16b, CH 9552 Bronschhofen, Switzerland

Email: mafalda.fent@fent-event.ch, Fax +41 (0)71 911 45 23, Phone +41 (0)71 911 45 22