

RITA EUROPE 2014 - 19th & 20th June 2014
Please complete this registration form to confirm your participation

TITLE (PROF, MD, RN, Mr, Mrs, Ms):			
SURNAME :			
FIRST NAME:			
ADDRESS:			
EMAIL ADDRESS:			
HOSPITAL / COMPANY:			
MOBILE TEL NO:	+()		
BRUSSELS TRANSPORTATION - Please note that the Brussels venue is easy to reach via METRO			
NEAREST TRAIN STATION or INTERNATIONAL AIRPORT:			
PASSPORT NUMBER:			
PASSPORT ISSUE DATE:			
NATIONALITY:			
DATE OF BIRTH:			
NUMBER OF BAGS TO CHECK-IN:			
OUTBOUND REQUEST: Please note that delegates flights should arrive no later than 12:00 on Thursday 19 th June	Thursday 19 th	Preferred time:	
RETURN REQUEST: Please note that the RITA EUROPE 2014 is scheduled to finish at 16:30 on Friday 20 st June	Friday 20 st	Preferred time:	
ACCOMMODATION – ON REQUEST ONLY A double room for single occupancy will be attributed on the night of THURSDAY 19th JUNE			
REQUEST FOR DOUBLE OCCUPANCY UPGRADE - Additional 30€ per night	YES / NO		
REQUEST FOR NIGHTS (Additionally requested nights are to be charged to the delegate - <i>pris en charge par le participant</i>) 205€ per night inc all taxes & breakfast (Double room for single occupancy) 235€ per night inc all taxes & breakfast (Double room for double occupancy)	Dates	Single/Double	Name of additional guest
Welcome Lunch buffet attendance THURSDAY 19 th JUNE – 13:00 (preliminary agenda)	YES / NO		
Welcome dinner attendance THURSDAY 19 th JUNE – 19:00 - 21:30 (preliminary agenda) Additional guest – cost: 60€	YES / NO Name of additional guest:		
Lunch buffet attendance FRIDAY 20 st JUNE – 13:00 (preliminary agenda)	YES / NO		
Dietary requirements			
For Office Use only			
INVOICE TO Payment received for any extras?			

PLEASE RETURN THE COMPLETED FORM TO : OFFICE@MEDI8EVENTS.COM

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If you have a SUGGESTED SPONSOR please enter their details here

SPONSORED BY - <i>(Prise en charge financière par le laboratoire)</i>
Company name - <i>(nom de la société)</i>
Address - <i>(Adresse facturation)</i>
Contact:
Tel:
Fax:
Email:

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