



4th Masterclass in Oncology Pharmacy,
CityHotel Ljubljana, 15-19 November 2010



REGISTRATION FORM

1. PERSONAL DETAILS

Title	
First Name	
Last Name	
Organisation	
Position	
Address	
Telephone	
Fax	
Email	

2. REGISTRATION

Please tick the appropriate box to indicate your registration type:

- ESOP Member
 ESOP Non-Member

Also, please indicate the course you wish to register for:

<input type="checkbox"/>	Course I	15th-17th November 2010	300 EUR ESOP members 350 EUR ESOP Non-members
<input type="checkbox"/>	Course II	18th-19th November 2010	200 EUR ESOP members 250 EUR ESOP Non-members
<input type="checkbox"/>	Both	15th-19th November 2010	400 EUR ESOP members 500 EUR ESOP Non-members

3. ACCOMMODATION

Rooms have been pre-booked at CityHotel in Ljubljana, the meeting venue, from Sunday, 14 November to Saturday, 20 November at a special rates for Master Class participants.

Please note that in the case of booking after 30th of October, 2010, the accommodation in the meeting hotel cannot be guaranteed.

Reservation form should be sent to the following e-address: erika.bokal@cityhotel.si or fax number: **+ 386 1 239 0001**.



REGISTRATION FORM

4. PAYMENT DETAILS

Please fill in the following remittance advice to indicate payment of your registration fee:

Payment	
Amount	
Transferring	

- **Please note that payments should be made to:**

Bank transfer to

ESOP, 9, rue Edward Steichen, L- 2540 LUXEMBOURG:

FORTIS Banque Luxembourg, 10, rue E. Steichen, L-2951 LUXEMBOURG

BIC: **BGLLULL**

IBAN: **LU94 0030 3596 5008 0000**

Payment Details: ESOP /Invoice Number/ Name and Surname of Participant for whom payment is made

- **Bank charges are fully covered by participants**

.....
Date

.....
Signature

Please sign and return the completed registration form to (fax, mail):

ESOP Memberships-service
c/o DGOP e.V.
Cuxhavener Straße 36
21149 Hamburg
Germany

fax: 0049 - 40 - 791 43 601
memberships-service@esop.li