

# REGISTRATION FORM

## June 29<sup>th</sup>-30<sup>th</sup>, 2017 - 7<sup>th</sup> European Post-Chicago Melanoma/ Skin Cancer Meeting 2017 Results and Interpretations of ASCO Presentations 2017: Interdisciplinary Global Conference on News in Melanoma/Skin Cancer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_ Degree:  MD  PhD  RN  PA-C Other \_\_\_\_\_

Gender:  Male  Female Speciality: \_\_\_\_\_

Institution: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Fees (VAT included)

	Early registration till April 3 <sup>rd</sup>	From April 4 <sup>th</sup> till June 18 <sup>th</sup>	On site
Full Delegates	<input type="checkbox"/> 300 Euro	<input type="checkbox"/> 400 Euro	<input type="checkbox"/> 500 Euro
Doctors in training* and Eastern European Countries	<input type="checkbox"/> 200 Euro	<input type="checkbox"/> 250 Euro	<input type="checkbox"/> 300 Euro
Day Ticket <input type="checkbox"/> June 29 <sup>th</sup> <input type="checkbox"/> June 30 <sup>th</sup>	<input type="checkbox"/> 150 Euro	<input type="checkbox"/> 200 Euro	<input type="checkbox"/> 250 Euro

\*Please forward appropriate documentary evidence via mail, email or fax to the congress office: MedConcept GmbH, Friedenstraße 58, 15366 Neuenhagen bei Berlin, Germany, info@medconcept.org, Fax: +49 (0)3342 42689-40  
An invoice will be send by email to the address provided.

Total Amount: \_\_\_\_\_ Euro

### Payment Method

Bank Transfer (Euro):  Credit Card:  MasterCard  Visa  American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code CCV: \_\_\_\_\_ (MC/Visa – 3 digits on back, AMEX – 4 digits on front)

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

By completing the registration form, the participant accepts the general terms and conditions as well as the cancellation policy given on the congress website at [www.melanomaglobal2017.org](http://www.melanomaglobal2017.org) and agrees that his/her data may be used, processed and published (e.g. within the list of participants) for organizational purposes of the event. The participant accepts that MedConcept will contact him/her by email for organizational matters (e.g. the registration confirmation and invoice) and information related to the event.

I accept until further notice that MedConcept will inform me about future events by email.

### Congress Organization



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