

ESHO 2010 Meeting
26th Annual Meeting of the
EUROPEAN SOCIETY for HYPERTHERMIC ONCOLOGY
 Rotterdam, The Netherlands, May 20-22 2010

REGISTRATION FORM

Please complete this form and return to the Organizing Secretariat:
 Erasmus MC – Daniel Den Hoed, Department of Radiation Oncology, Hyperthermia Unit,
 Att. Mrs S.Y. van der Sluis, P/O Box 5201 3008 AE ROTTERDAM, The Netherlands.
 Or return by Fax. +31.10.7041022.
 Contact person: Mrs. S.Y. van der Sluis, e-mail s.vandersluis@erasmusmc.nl

SurnameFirstname.....Title.....Sexe M F

Institute:

Department.....

Street:.....

Zip code:.....City:.....Country:.....

Phone.....Fax.....

E-mail.....

ESHO Member: Yes No

(If you would like to become a member you can find the application and payment form on the website <http://www.esho.info>)

REGISTRATION FEE

	Before March 20 th	After March 20 th	On-site
26th Annual Meeting of the EUROPEAN SOCIETY for HYPERTHERMIC ONCOLOGY			
ESHO members	€ 350 <input type="checkbox"/>	€ 400 <input type="checkbox"/>	€ 450 <input type="checkbox"/>
Non-members	€ 450 <input type="checkbox"/>	€ 500 <input type="checkbox"/>	€ 550 <input type="checkbox"/>
Students, Research fellows	€ 200 <input type="checkbox"/>	€ 250 <input type="checkbox"/>	€ 300 <input type="checkbox"/>
Accompanying person	€ 100 <input type="checkbox"/>	€ 150 <input type="checkbox"/>	€ 200 <input type="checkbox"/>
PRE-CONFERENCE EDUCATIONAL DAY	€ 60 <input type="checkbox"/>	€ 70 <input type="checkbox"/>	€ 80 <input type="checkbox"/>
CONTRIBUTION CONFERENCE DINNER	€ 50 <input type="checkbox"/>	€ 50 <input type="checkbox"/>	Not possible

TOTAL.....€

The registration fee for the 26th Annual Meeting of the ESHO covers:

ESHO members, Non- members, Radiologist Technicians, Students and Research Fellows:

Participation in the scientific sessions, meeting kit, abstract book, certificate of attendance, lunches and coffee breaks as indicated in the program.

Accompanying persons

The welcome reception, lunches, coffee and tea breaks.

METHODS OF PAYMENT

Payment

- ❖ Payment can be done by **Visa/Eurocard/Mastercard** or by **bank transfer**.
- ❖ Make sure that names of the participants are clearly associated with the payment!
- ❖ When payment is made by bank transfer please mention: all costs for payer; no charges for receiver.
- ❖ Please note that we cannot accept payment by American Express or Dinners Card.
- ❖ Personal cheques cannot be accepted, due to very high bank charges.

By credit card:

Visa

Mastercard/Eurocard

Cardnumber: _____ - _____ - _____ - _____ Expire Date: ____/____

CVV2- or CVC2-code: ____ (Check your credit card company for more information)

Cardholders name: Card holders Signature:.....

By bank transfer:

- "Daniel den Hoed Stichting"
- Account with the Rabobank in Rotterdam
- Accountnumber: 10.20.69.611
- BIC code: RABONL2U
- IBAN-code: NL46RABO0102069611
- **To avoid problems please mention with your payment: ESHO2010/Name(s) of participant(s).**

PAYMENT AND CANCELLATION POLICY FOR REGISTRATION

If you cancel your meeting registration before April 5th, 2010, the registration fee will be refunded, less a € 60,00 handling fee. If your registration is cancelled after April 5th, 2010 no refunds can be made. The secretariat must be notified in writing of a cancellation of registration

Herewith I agree with above-mentioned payment and cancellation conditions.

Date:.....

Signature:.....