

REGISTRATION FORM

June 28th-29th, 2018 · 8th European Post-Chicago Melanoma/ Skin Cancer Meeting 2018

Results and Interpretations of ASCO Presentations 2018: 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 1 st	From April 2 nd till June 17 th	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 28 th <input type="checkbox"/> June 29 th	<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.melanomaglobal2018.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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