



21st CONGRESS OF THE EUROPEAN SOCIETY FOR SEXUAL MEDICINE

14 – 16 February 2019 | Ljubljana, Slovenia



CONGRESS REGISTRATION FORM – bring 4 new participants & get 50% discount

PERSONAL DETAILS OF THE SUBMITTER

for internal use only

360

Ms Mrs Mr Dr Prof Other title _____ ESSM Member, Physician (MD)¹⁾ Non-Member, Physician (MD)

Family name*: _____ First name*: _____

Institution/Department: _____

Mailing address: private address institute address

Street: _____

Postal code, City: _____ Country*: _____

Phone: _____ Email*: _____

1. Personal details of new participant

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2. Personal details of new participant

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*Filling out is mandatory ¹⁾ CPO reserves the right to check the membership status with the ESSM.



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Phone: _____ Email*: _____

Registration Fees

Registration and payment of all participants on this form received	by 12 Dec 2018	from 13 Dec 2018
ESSM Members, Physicians (MD) ¹⁾	<input type="checkbox"/> EUR 500	<input type="checkbox"/> EUR 600
Non-Members, Physicians (MD)	<input type="checkbox"/> EUR 600	<input type="checkbox"/> EUR 700

Terms and Conditions

The 50% discount applies, if

- ▶ 4 participants are listed that have not registered for the congress, at the time this form is submitted.
- ▶ the submitter is not registered for the congress at the time of submission.
- ▶ this reduction does not apply to: reduced fees (students or the Member / Non-Member reduced fee) or industry sponsored registrations.
- ▶ a registration is made and paid before 12 December 2018, the early bird registration fee applies. If the payment is made after 12 December 2018, the regular fee applies to the participant that did not pay on time, only.
- ▶ the total amount of the invoice of all registrations listed on the above form is not paid 2 weeks prior to the congress, the reduction does not apply for the submitter.
- ▶ 50% will be discounted on the submitter's fee after all 5 registrations have been paid.
- ▶ the invoices for all participants on this form will be sent to the submitter, who will forward them to the participants he registered for payment.
- ▶ the form is completely filled in and signed by the submitter.

I confirm that I fully understand the terms as listed above.*

▶ Please send this form to essm2019@cpo-hanser.de



Date



Signature of the submitter

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