

REGISTRATION

23rd ADVANCED MRI 2019, May 1-4Return this form to:
Vilfortgasse 22, 8010 Graz, Austria
FAX +43 316 316254, office@conventa.atMR. MRS.

LAST NAME

FIRST NAME

ADDRESS

ZIP (POSTAL) CODE AND CITY

COUNTRY

PHONE

FAX

EMAIL

For AUSTRIAN
participants ONLY:

ÖÄK-NUMMER*

DATE OF BIRTH

*Sie können Ihre ÖÄK-Nummer unter <http://abfrage.aerztekammer.at> abfragen

FORM OF PAYMENT

 BANK TRANSFERADVANCED MRI 2019 at BAWAG-PSK
Swift Address-BIC: BAWAATWW
IBAN: AT57 6000 0000 79360063

AMOUNT TRANSFERRED

PAYMENT BEFORE MARCH 29TH 2019 800€
regular fee 650€
colleagues in
residencyPAYMENT AFTER MARCH 29TH 2019 900€
regular fee 750€
colleagues
in residency

DATE & PARTICIPANT'S SIGNATURE