

REGISTRATION FORM

June 29th–30th, 2017 · 7th 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 rd	From April 4 th till June 18 th	On site
Full Delegates	300 Euro	400 Euro	500 Euro
Doctors in training* and Eastern European Countries	200 Euro	250 Euro	300 Euro
Day Ticket <input type="checkbox"/> June 29 th <input type="checkbox"/> June 30 th	150 Euro	200 Euro	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

Total Amount: _____ Euro

Payment Method

Bank Transfer:

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: _____

Congress Organization



Gesellschaft für medizinische Projekte mbH
Friedenstraße 58 · 15366 Neuenhagen bei Berlin
info@medconcept.org · www.medconcept.org
Phone +49 (0)3342 42689-30 · Fax +49 (0)3342 42689-40