

REGISTRATION

INTERNATIONAL TRAINING COURSE IN REPRODUCTIVE MEDICINE AND EMBRYOLOGY

Autumn Course: August 29 - September 6, 2018

Personal details:

Title: _____

Ms _____ Mr _____

First Name: _____ Last Name: _____

Date of Birth: _____ Passport Nr.: _____

Address (exact data important for visa application): _____

Street: _____ P.O Box: _____

Postal Code: _____ Town: _____

Addition to Address: _____ Country: _____

Telephone numbers: (Please include country and city code)

Residence: _____ Best local time to call: _____

Workplace: _____ Best local time to call: _____

Mobil: _____ Best local time to call: _____

Fax: _____

Email: _____

Meal restriction during the course:

Vegetarian Meal **No beef /veal** **Chicken and fish allowed**
Totally vegetarian plain food

Veg. Meal Lacto –Ovo **No pork** **No restriction**
Meal without meat although dairy products & eggs are allowed

I accept that photos from the ISoM training courses will be published on the

- ISoM website Yes No
- ISoM Face book Yes No

Please print, fill in and send the signed registration by Email to info@international-school-of-medicine.org
Gynaecologists coming from India: please send the signed registration form to our Indian partner Jupiter Event Inc.,
Ms. Nuzat Ali Sardar: jupiter.events.inc@gmail.com

Training Course Fee:

Total package* Kiel and Göttingen:

- **4300 € (four thousand three hundred)**

payable directly after sending the duly filled in and signed registration form to confirm the attendance.

After receipt of the registration fee, we shall forward you an official invitation for visa purposes. Because of high demand please register early for our courses.

* The total package includes: Tuition Fees for the training courses in Kiel and Goettingen, hotel stay (single occupancy) for the duration of the programme, bus/taxi transfers as indicated in the programme, train/bus as indicated in the programme, all meals (breakfast/lunch/4xdinner) as indicated in the programme, sightseeing charges as indicated in the programme

Bank to bank transfer in favour of *International School of Medicine*:

Bank: Sparkasse Göttingen

International account number (IBAN):
DE66260500010000163501

BIC: NOLADE21GOE

Clearly mention name with the bank transfer. **Remittance should be free of charge to the recipient.** Personal cheques and bank drafts cannot be accepted.

General Terms:

By sending us this registration you agree with our General Terms.

(The General Terms and Instructions can be found on

.)

Furthermore please note:

The ISoM reserves the right to cancel courses for compelling reasons. In these cases the course fees will be reimbursed. Further claims cannot be made.

Confirmation

Upon receipt of the registration form confirmation will be send immediately by email.

How did you find us?

I was referred to this course by

a) advertisement b) internet c) other:

City:

Date:

Signature:

Please print, fill in and send the signed registration by Email to info@international-school-of-medicine.org
Gynaecologists coming from India: please send the signed registration form to our Indian partner Jupiter Event Inc.,
Ms. Nuzat Ali Sardar: jupiter.events.inc@gmail.com