



REGISTRATION FORM

****FOR CREDIT CARD PAYMENT ONLY****

13TH CONGRESS OF EUROPEAN UNION FOR SCHOOL AND UNIVERSITY HEALTH AND MEDICINE

Dubrovnik, Croatia, 12th – 15th October, 2005

To be sent by post or faxed before 16th September, 2005:

“O-Tours” d.o.o.,

Gajeva 6, HR-10000 Zagreb, CROATIA (EUROPE)

Phn: +385 1 4831 444

Fax: +385 1 4813 010

E-mail: congresses@otours.hr

Title/Position	First name	Last name
Address		
Postal code	City	Country
Phone	Fax	E-mail

Registration fees:

- | | | |
|--------------------------|---|-------------------|
| <input type="checkbox"/> | Croatian Med. Association – prior 15 th July | EUR 200,00 |
| <input type="checkbox"/> | Croatian Med. Association – from 16 th July | EUR 230,00 |
| <input type="checkbox"/> | EUSUHM members – prior to 15 th July | EUR 300,00 |
| <input type="checkbox"/> | EUSUHM members – from 16 th July | EUR 330,00 |
| <input type="checkbox"/> | Non – members – prior 15 th July | EUR 320,00 |
| <input type="checkbox"/> | Non – members – from 16 th July | EUR 350,00 |
| <input type="checkbox"/> | Residents / Students – prior 15 th July | EUR 100,00 |
| <input type="checkbox"/> | Residents / Students – from 16 th July | EUR 130,00 |
| <input type="checkbox"/> | Accompanying persons – prior 15 th July | EUR 100,00 |
| <input type="checkbox"/> | Accompanying persons – from 16 th July | EUR 130,00 |

- Credit cards will be charged in local currency (HRK), rate of exchange 1 EUR = 7,63 HRK
- Credit cards will be charged on 15th July (for advance registrations)

<input type="checkbox"/> American Express	Card number: _____
<input type="checkbox"/> Eurocard / Mastercard	Exp. date: _____
<input type="checkbox"/> Visa	
<input type="checkbox"/> Diners Club	Signature: _____

Important registration information / payment by credit card:

- This form should be completed / signed and returned by fax to: **+385 1 4813 010**
- Registrations paid by credit card are non-refundable