

Application form for the workshop in



IMPLEMENTATION OF V/P SPECT ACCORDING TO EUROPEAN GUIDELINES FEBRUARY 15 – 17 2012



Surname

First Name

Profession

Phone (work) even area code

Hospital Clinic/Dept

Street, No/ P.O. Box

Postal Code/Zip Code

City/Country

E-mail address (for confirmation and other correspondence)

Special requests, dietary requirements etc.

Course fee 600 Euro (excl. VAT). Incl. Coffee, Lunch and Dinner

Invoice address (Mandatory)

Reference

Postal code

City

Organisation number

VAT number

Date

Signature

Please send before January 15 to:

Skånes Universitetssjukhus, BFC Klinisk fysiologi

Att. Karin Larsson, S-221 85 LUND

Phone: +46 46 17 33 26, Fax: +46 46 15 17 69

E-mail: karin.larsson@skane.se