



Registration rates and rules at:

<http://en.admedic.pt/uploads/ACCOMMODATION-AND-REGISTRATION-31-05.pdf>

Group Registration Form - return this form duly filled in to the Conference Secretariat:

ana.montes@admedic.pt

Demographic Data

Registration Fee

Total per participant

Nr.	Title	First Name	Surname (s)	Profession	Institution / Company	Address	City	Zip Code	Country	E-mail	Phone (00+country code + city code + number)	Fax (00+country code + city code + number)	Registration Fee		Total per participant In Euros
													Physicians, Scientists and Others	Trainees and Students	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Billing Address - please fill in all fields below

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insert e-mail
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