Sarcoma & GIST Preceptorship and Advanced Course, **15 February 2016**

APPLICATION FORM

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

PERSONAL DETAILS *Mandatory fields (please complete all mandatory fields in capital letters)

PARTICIPANT DETAILS * personal details and email address of the participant are mandatory

ESMO account/ID: (if already existing or known)

*Title: O Prof. O Dr. O Mr. O Mrs. O Ms.

*First name:

*Last name:

Birthdate:

*Email:

WORKING ADDRESS

*Institute/Company:

Department:

*Street:

Postal code: *City:

*Country:

Tel: Fax:

VAT No

Please note that Last name, First name, Institute, City and Country of the participant will be printed on the badge

PAYMENT Please, select a payment method

I will pay the registration by credit card:

O American Express O Mastercard O Visa

Number Expiry date

Holder's name

Date and Signature

REGISTRATION FEES IN EURO (€) AND DEADLINE

Sarcoma & GIST Preceptorship*	O 65
Sarcoma & GIST Advanced Course*	O 65

* Parallel events - Only one event can be selected.

Applications have to be sent to the ESMO Congress Department **registration@esmo.org** by the deadline of 13 January 2016

APPLICATION INSTRUCTIONS

Attendance at the Preceptorship and Advanced Course is restricted, registrations will be accepted at a first come first served basis. To apply for one of these additional events you must be registered to the Sarcoma & GIST 2016 Conference.

ESMO EXTERNAL PARTNER MAILING LIST

O I do not want to be included in an ESMO external partner mailing list

Exclusion from the mailing list does not prevent the participant from receiving all Course related correspondence and announcements.

REGISTRATION TERMS & CONDITIONS

O I accept the Registration Terms & Conditions

Registration to the Course implies the acceptance of the Registration Terms & Conditions. Please kindly read them carefully. If not ticked, the registration form will not be considered.

ESMO CONGRESS DEPARTMENT CONTACT DETAILS

The registration form must be duly completed and returned in entire:
– via email to **registration@esmo.org**
– via fax to + 41 91 973 19 18