

European Society for Medical Oncology

## INDIVIDUAL REGISTRATION FORM

| PERSONAL DETAILS *mandatory fields (please complete all mandatory fields in capital letters) |  |                     |                              |                        |                                |              |  |
|--|--|---------------------|------------------------------|------------------------|--------------------------------|--------------|--|
| PARTICIPANT DETAILS  | <b>S</b> (personal details and email address             | of the participan   | t are mandatory)             | ADMINISTR              | ATIVE CONTACT                  | (mandatory o | nly if you are registering someone else) |
| ESMO account/ID (if already existing or known)   |  |                     | isting or known)             |                        |                                |              |  |
| *Title O Prof.   | O Dr. O Mr. O  | Mrs.                | O Ms.                        | *Title                 | O Mr.                          | O Mrs.       | O Ms.                                    |
| *Last name   |  |                     |                              | *Last name             |                                |              |  |
| *First name  |  |                     |                              | *First name            |                                |              |  |
| Birthdate  |  |                     |                              |                        |                                |              |  |
| *Email   |  |                     |                              | *Email                 |                                |              |  |
|  | Confirmatio  | n of registration v | will be sent to the particip | ant and to the adminis | strative contact email address | S            |  |
| WORKING ADDRESS  |  |                     |                              | BILLING AD             | DRESS                          | (if differer | nt from Participant Working address)     |
| *Institute/Company   |  |                     |                              | *Institute/Cor         | mpany                          |              |  |
| Department   |  |                     |                              | Department             |                                |              |  |
| *Street  |  |                     |                              | *Street                |                                |              |  |
| State/Province   |  |                     |                              | State/Provinc          | ce                             |              |  |
| Postal code  | *City  |                     |                              | Postal code            |                                | *City        |  |
| *Country   |  |                     |                              | *Country               |                                |              |  |
| *Tel   | Fax  |                     |                              | *Tel                   |                                | Fax          |  |
| VAT No   |  |                     |                              | VAT No                 |                                |              |  |
|  | Please note that   | Last name, First    | name, Institute, City and    | Country of the partici | pant will be printed on the ba | dge.         |  |
| DAVAMENT   |  |                     |                              |                        |                                |              |  |
| PAYMENT  |  |                     |                              |                        |                                |              |  |
| I will pay the registration:   | O by bank transfer<br>(see bank details in "Registration | n Information")     | Number                       |                        |                                | Expiry dat   | е  |
|  | O by credit card   |                     | Holder's name                |                        |                                |              |  |

Please cross the desired fee

## ESMO EXTERNAL PARTNER MAILING LIST

O American Express

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

O Mastercard

O Visa

Date and Signature

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

## REGISTRATION TERMS & CONDITIONS

O I accept the Registration Terms & Conditions

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

## ESMO SECRETARIAT 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

| FEE IN EURO (€)<br>Spanish VAT included         | NON<br>Member Fee | ESMO<br>Member Fee | ESMO<br>Member Junior Fee |
|---|-------------------|--------------------|---------------------------|
| Early registration fee: until 21 January 2015   | O 200.00          | O 100.00           | ○ 50.00                   |
| Late registration fee: until 18 February 2015   | O 250.00          | O 150.00           | ○ 50.00                   |
| Full registration fee:<br>from 19 February 2015 | O 300.00          | O 300.00           | ○ 50.00                   |