



COURSE REGISTRATION FORM

EUROPEAN SCHOOL FOR CARDIO-THORACIC SURGERY EACTS Executive Secretariat

3 Park Street, Windsor, Berks SL4 1 LU, UK
Tel: + 44 (0)1753 832166, Fax: +44 (0)1753 620 407
E-mail: info@eacts.co.uk
Website: www.eacts.org

Important Notes:

Forms must be legible
Complete forms in
CAPITAL LETTERS &
Black Ink

Family Name _____

First Name _____ Title: Dr/Mr/Ms _____

Age _____ Received Medical Degree in Year _____

Professional Position _____

Number of years in training in cardiac and/or thoracic surgery:

_____ Years _____ Months

Department _____

Hospital _____

Address _____

City and Postal Code _____ Country _____

Email address is required

Email _____

Telephone No + (Country Code) _____

Fax No + (Country Code) _____

Please ensure that all
necessary documents are
attached to this
application.

- Brief CV
- Recent Photo
- Copy of National
Medical Diploma
- List of Publications

Optional:

- Summary of operational
Experience

Certification from Head of Department

I (Head of Department) _____

Family Name _____

First Name _____ Title: Dr/Mr/Ms _____

Certify that the Applicant works as a trainee in my department

At (Hospital/Institution) _____

Email _____

Telephone No + (Country Code) _____

Fax No + (Country Code) _____

Head of Department Signature _____

Date _____



CARDIAC

Dates	Level	Latest Date for Receipt of Applications	Tick which course you wish to attend
10 - 15 November 2003	Level 2	17-Oct-03	
29 March - 3 April 2004	Level 1	2-Feb-04	
14 - 19 June 2004	Level 2	19-Apr-04	
27 September - 2 October 2004	Level 2	2-Aug-04	
8 - 13 November 2004	Level 3	6-Sep-04	

An administration charge of €25 must accompany all applications. This sum will be debited from the Course fee, if you attend a course. There will be no refund if you do not attend a course. Registrations without payment will not be processed.

THORACIC

27 October - 31 October 2003	Level 2	17-Oct-03	
24 - 29 May 2004	Level 3	29-Mar-2004	
18 - 23 October 2004	Level 2	23-Aug-2004	

Course Fee: €900* Administration Fee: €25

(*Includes €25 Administration Fee)

Payment Method

Credit Card (Visa/MasterCard/American Express accepted)

Course Fee Includes:

All tuition
6 nights accommodation
Coffee and teas during the course
Lunch each day including Saturday
Evening Meals, Sunday – Friday, except Wednesday
Ticket for local bus transportation

Payment

Credit Card Number _ _ _ / _ _ _ / _ _ _ / _ _ _ Expiry Date _ _ / _ _

Cardholder's Name _____

Transfer with no charges to EACTS Trading Company Ltd, mentioning applicant's name and "ESCTS"

Account Name: **EACTS Trading Company Ltd**

Account Number: **EACTRA-EUR**

Bank Code: **16-00-16**

Name of Bank: Royal Bank of Scotland

Signature _____ Date _____

Cheques are not accepted.

Sponsor Organisation (If different from above)

Hospital/Company _____

Address _____

City & Post/ZIP Code _____ Country _____

Contact Person _____

Email (Required) _____

Telephone No + (Country Code) _____

Fax No + (Country Code) _____

Fax to

+44 1753 620407

or

Mail to

EACTS Executive Secretariat:

3 Park Street

Windsor

Berks SL4 1LU, UK