

2nd EACTS/ESTS JOINT MEETING
 Vienna Austria
 12-15 October 2003

Register using one method only

1. Online: www.eacts.org
 2. Fax: +44 1753 620407
 3. Mail to
 EACTS Executive Secretariat:
 3 Park Street
 Windsor
 Berks SL4 1LU, UK

Important Notes:
 One form per delegate

Registrations without payment will not be processed

Forms must be legible

Email address is required

Specialty is required

Paying organisation only will receive vat invoice

The registration of Trainee/Technician/Nurse/Perfusionist/Student/Grant Holders categories will not proceed if the Certification Form is not completed.



PRE-REGISTRATION FORM

Complete forms in CAPITALS LETTERS & BLACK INK

Family Name

First Name Title

Hospital/Organisation.....

Address.....

.....

City and Postal Code..... Country

E-Mail (Required).....

Telephone No

Fax No

Specialty (This Section MUST be completed)

I am a Surgeon - specialty

Cardiac Thoracic Cardio-Thoracic Other

Paying Organisation (If different from above)

Hospital/Organisation

Address

City & Post/ZIP Code..... Country

E-Mail (Required)

Accompanying Persons (Badge Information)

Family Name.....First Name.....

Family Name.....First Name.....

Family Name.....First Name.....

Certification Form

(Trainee/Technician/Nurse/Perfusionist/Student/Grant Holder)

I (Chief of Department).....

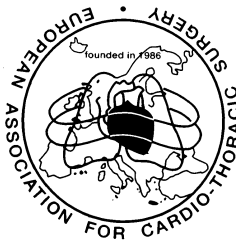
Certify that (delegate name).....

Is a Trainee Technician Nurse Perfusionist Student Grant Holder (circle)

At (Hospital/Institution).....

Chief of Department Signature

Delegate Signature



PRE-REGISTRATION FORM

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Important Notes:
On - Site fees apply from 1 October. See Preliminary Programme for on site fees.

Members must have paid their subscription and registered by 12 July to avail of complimentary registration.

Tickets for inclusive Social Events will not be provided unless requested on this form.

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Fees (All fees are in Euro and are inclusive of VAT)	To 12.07/2003	13.07/2003 to 30.09/2003		
EACTS/ ESTS Member	Free	€220		€
Non-Member	€330	€410		€
Reduced Fee (Trainee/Technician)	€135	€180		€
Concessions (Nurse/Perfusionist/Student)	€ 45	€ 45		€
Postgraduate Courses 12 October 2003				
Adult Cardiac		€50		€
Thoracic		€50		€
Congenital		€50		€
Perfusion		€50		€
Breakfast Sessions (each)				
Adult Cardiac Monday 13 October		€ 20		€
Adult Cardiac Tuesday 14 October		€ 20		€
Thoracic Monday 13 October		€ 20		€
Thoracic Tuesday 14 October		€ 20		€
Congenital Tuesday 14 October		€ 20		€
Delegate Social Event Tickets				
(Indicate if you require tickets)		yes	no	
Opening Ceremony/Welcome Reception	tick			€0
Concert	tick			€0
Accompanying Person(s)				
No. Accompanying Persons		€120	No Tickets	€
Accompanying Persons Inclusive Tour				
Monday 13 October 09:00-12:30				€0
Tuesday 14 October 09:00-12:30				€0
Accompanying Persons Social Events				€0
Opening Ceremony/Welcome Reception				€0
Concert				€0
			No Tickets	
Vienna Pass		€14.00		€
Presidential Dinner each		€80		€
Total Amount				€

State Dietary Requirement for Presidential Dinner

Payment Method

Credit Card (Visa/MasterCard/American Express accepted)

Credit Card Number _ _ _ / _ _ _ / _ _ _ / _ _ _

Expiry Date _ _ / _ _

Transfer exempt of charges to EACTS Trading Company Ltd, mentioning delegate name and 2nd EACTS/ESTS Joint Meeting

Account Name: **EACTS Trading Company Ltd**

Account Number: **EACTRA-EUR1**

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

Name of Bank: **Royal Bank of Scotland**

DEADLINE FOR PAYMENT BY BANK TRANSFER IS 1 SEPTEMBER

CHEQUES ARE NOT ACCEPTED.

Signed..... Date