



**ANNUAL TECHNO-COLLEGE OF EACTS/ESTS**  
**Saturday 11 September 2004,**  
**Congress Center Leipzig**



**PRE-REGISTRATION FORM**  
**All fees are in Euro € and are inclusive of VAT**

	Early fee Until 02/07/04	Late fee : 03/07 to 27/08/04	After 27/08/04 Register onsite	Cost
CARDIAC: 0800-1800 • Surgeons • Reduced fee for residents and nurses*	€ 250 € 50	€ 350 € 50	€ 400 € 75	€ €
THORACIC: 1130-1800 • Surgeons • Reduced fee for residents and nurses*	€ 100 € 50	€ 150 € 50	€ 200 € 75	€ €
<b>TOTAL</b>				€

\*To be eligible for the reduced fee the certification form on page 1 must be completed

**Payment Method:**

1. Credit card (Visa/MasterCard/American Express accepted)

Credit card number        \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_        Expiry date        \_\_\_ / \_\_\_

Name on card        .....

Cardholder signature .....

2. Bank Transfer – **THE LAST DATE FOR PAYMENT BY BANK TRANSFER IS 13 AUGUST 2004.**

To help us identify your payment, please mention the delegate name and Techno-college on your transfer. The transfer must be exempt of charges to EACTS Trading Company Ltd.

Name of Bank:        Royal Bank of Scotland  
                              London Belgravia Branch  
                              24 Grosvenor Place, London, SW1X 7HP, UK

Account Name:        EACTS Trading Company Ltd  
 Account Number:    EACTRA EUR1 Number 10020440  
 Bank Code:            16-10-70  
 Swift(BIC)Code:     RBOSGB2L  
 IBAN No.:              GB81 RBOS 1610 7010 0204 40

**CHEQUES ARE NOT ACCEPTED.**

Signature of delegate .....

Date .....



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PRE-REGISTRATION FORM - Please complete the form in CAPITAL LETTERS and black ink

**Important Notes:**

Full Terms and Conditions of booking are available on our websites [www.eacts.org](http://www.eacts.org) and [www.ests.org](http://www.ests.org). Double bookings are the responsibility of the delegate. Please register using one method only:

- On-line at [www.eacts.org](http://www.eacts.org) and [www.ests.org](http://www.ests.org)
- Fax to +44 1753 620407
- Mail to EACTS Secretariat, 3 Park Street, Windsor, Berks, SL4 1LU

Registrations must be accompanied by payment or they will not be processed. To register at the 'early' fee, registration form and payment must be received by the EACTS Secretariat before 2 July 2004. To register at the 'late' fee, registration form and payment must be received by the EACTS Secretariat by 27 August 2004.

**CONTACT DETAILS – ATTACH A BUSINESS CARD OR FILL IN THE CONTACT DETAILS BELOW**

FAMILY NAME.....TITLE..... (Dr/Prof/Mr/Mrs/Ms/Miss)

FIRST NAME.....

HOSPITAL/ORGANISATION.....

ADDRESS.....

CITY.....POSTAL CODE.....COUNTRY.....

EMAIL – VERY IMPORTANT – all correspondence will be by email. Please write clearly.

TELEPHONE NUMBER.....

FAX NUMBER.....

SPECIALTY (This Section MUST be completed): Please indicate your specialty:

CARDIAC Surgeon / THORACIC Surgeon / CARDIO-THORACIC Surgeon / other (please specify).....

**PAYING ORGANISATION (If different from above)**

HOSPITAL/ORGANISATION.....

ADDRESS.....

CITY.....POSTAL CODE.....COUNTRY.....

EMAIL – VERY IMPORTANT – all correspondence will be by email. Please write clearly.

**CERTIFICATION FORM (Delegates who wish to register at reduced fees MUST complete this section)**

I ..... (Chief of Department) certify that .....  
 (delegate name) is a Resident / Nurse (circle as appropriate) at .....(Hospital/ Institution).

.....  
 Chief of Department signature

.....  
 Delegate signature