

REGISTRATION FORM

REGISTER BY EMAIL: dialog@arte-medica.de

Please return this registration form by fax to +49 (0) 69 92 880-488 or by mail. Reservations by telephone +49 (0) 69 92 880-480

I am registering in acceptance of the conditions of participation to the workshop: »Hormone therapy with bio-identical hormones« at April 20th / 21th, 2024.

Name

Street

Zip Code/City

Country

Phone

E-mail

Fax

Payment with SEPA direct debit (Creditor-ID: DE 51 ZZZ 0000 1148210)

Please collect the workshop fee from my account:

IBAN

| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

BIC

| _ _ _ _ _ _ _ _ _ _ |

Amount

Signature

Payment by bank transfer

I will transfer to your account at Deutschen Bank,

Account owner: Arte Medica Dialog e.V.

IBAN: DE60 5007 0010 0092 8895 00, BIC: DEUTDEFFXXX