



## TEACH - Training and Education for Advanced Clinicians and HCPs

Cascais, Portugal  
July 3<sup>rd</sup> - 7<sup>th</sup> 2016

### REGISTRATION FORM

(Please fill in all the details in capital letters)

Prof/Dr/Mrs/Mr/Ms..... FamilyName.....

First Name.....

Institution/Company:.....

.....

Address: ..... Postal code..... City..... Country.....

**E-mail of the delegate (required data, compulsory)**

.....

An official letter of invitation to attend the Summer School will be forwarded to the requesting participant by e-mail **only** upon completion of registration and full payment.

PLEASE TICK THE APPROPRIATE BOX(ES)

**PROFILING OF REGISTRANT**

<input type="checkbox"/> Endocrinologist	<input type="checkbox"/> Pathologist	<input type="checkbox"/> Post-doctoral researcher / Fellow
<input type="checkbox"/> Rheumatologist	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Scientist
<input type="checkbox"/> Geriatrician	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Industry Scientist
<input type="checkbox"/> Orthopaedic Surgeon	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Industry Business
<input type="checkbox"/> Radiologist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Urologist
<input type="checkbox"/> Haematologist	<input type="checkbox"/> Other Allied Health Professional	<input type="checkbox"/> Other
<input type="checkbox"/> Oncologist	<input type="checkbox"/> Respiratory Physician / Pulmonologist	

**PROFILING OF ORGANISATION / EMPLOYER**

<input type="checkbox"/> Public / general hospital or affiliate	<input type="checkbox"/> University	<input type="checkbox"/> Non-governmental organisation
<input type="checkbox"/> Private hospital / practice	<input type="checkbox"/> Community health	<input type="checkbox"/> Industry
	<input type="checkbox"/> Research laboratory	<input type="checkbox"/> Other
	<input type="checkbox"/> Health department / other governmental organisation	

**Special Needs**

It is important to us that you enjoy the TEACH - Summer School. If due to a disability, you have any special needs, please let us know and we will do our best to assist you. If Yes, please specify:  .....	Yes	No

**Registration Fee (VAT INCLUDED)**

Healthcare Professionals		Industry	
<b>Early Registration Until May 20<sup>th</sup>, 2016</b>	<b>From May 21<sup>th</sup>, 2016 Until June 15<sup>th</sup>, 2016</b>	<b>Early Registration Until May 20<sup>th</sup>, 2016</b>	<b>From May 21<sup>th</sup>, 2016 Until June 15<sup>th</sup>, 2016</b>
<b>890 €</b>	<b>1000 €</b>	<b>1500 €</b>	<b>1800 €</b>

*All registration fees include Value Added Tax (VAT) for all categories.*

**Participant's registration fee includes:**

- **4 Dinners & 4 Lunches**
- **One copy of the Programme & Abstract USB Key**

- **Social Programme**
- **A Certificate of Attendance**
- **Welcome Cocktail&Dinner on July 3<sup>rd</sup>, 2016**

*The registration fee does not include:*

- **Travel**
- **Airport transfers**
- **Local transportation to the Venue**
- **Accommodation\***
- **Excursions**
- **Insurance**

\* Arranged a special price with several Hotels

**REGISTRATION: .....€ Vat Included**

**Conditions of Payment**

- All payments must be made in Euros payable to EAPM
- No confirmation will be sent until EAPM has received the payment.

**By Bank Transfer in Euros (€) toEuropean Alliance for Personalised Medicine**

IBAN	CCC	Bank Name and Address
BE 04 363113440631	BBRUBEBB	ING, NG - XI. Place Luxembourg, Rue D Arlon 26. 1050 Ixelles

*Copy of the bank transfer must be sent along with the registration form. Do not forget to mention on the bank transfer order the name of the person you are paying for. The organizer will not assume bank charges. All costs have to be covered by the ordering customer and please mention "free of charge for the receiver account" on all payments.*

**Confirmation**

Your confirmation will be sent upon receipt of the registration form and full payment. Approximately one week before the Summer School you will receive the confirmation letter. Please present your confirmation letter at the Registration Desk in order to obtain your meeting documentation and badge.

**Individual Cancellation & Refund Policies Registration:**

Notification of cancellation and refund requests must be submitted in writing by e-mail to [Denishorgan@euapm.eu](mailto:Denishorgan@euapm.eu) Before June 2<sup>nd</sup> 2016: 50% reimbursement  
No refunds will be given for cancellations received after June 2<sup>nd</sup> 2016.

**Cancellation or Modification of the Summer School due to Force Majeure**

In case of force majeure, the Congress organizer have the right to alter or cancel the Congress without prior notice, however a notice of the occurrence shall be given as soon as reasonably possible. Force majeure shall mean any circumstance beyond the reasonable control which prevents or impedes the holding of the Summer School, including, but not limited to, government action, war or hostilities, riot or civil commotion, plague or other epidemic such as SARS, bird flu, etc., earthquake, flood, hurricane, cyclone, fire or other natural physical disaster, explosion, accident or breakdown, strike, lack of the usual means of transportation or terrorism or due to events which are not attributable to wrongful intent or gross negligence. EAPM shall not be liable for any direct or indirect, incidental or consequential damages, losses, expenditures or any other inconveniences or costs caused by such modification or cancellation of the Summer School. Furthermore, registration fees will not be reimbursed by European Alliance for Personalised Medicine.

**Disclaimer**

All reasonable endeavours will be made to hold the Summer School and to present its programme as scheduled under circumstances which assure the comfort and safety of all participants. However, EAPM reserves the right to modify the programme, unilaterally and without notice. Neither EAPM nor their officers, directors, employees, representatives or agents, shall be held liable by any person as a result of the cancellation of the Summer School or any of the arrangements, programmes or plans connected therewith, or for any injury, damage or inconvenience which may be suffered by any person while traveling to or from, or during such person’s presence in Portugal in connection with this Summer School. Participants are advised to purchase their own insurance against any such occurrences.

**I hereby accept the above registration conditions of the TEACH and agree for the payment corresponding to my requests**

**INVOICE DETAILS:**

First Name and Family Name or Company  
Name.....

Fiscal  
address.....

Postal code.....City.....Country.....

**Please, scan and send by e-mail the Registration Form and the payment to:**

Denis Horgan, denishorgan@euapm.eu