

REGISTRATION FORM

The bits and bytes of digital radiology
October 27-28, 2005, Amsterdam. The Netherlands

Mail or fax to: dept. of Oral Radiology
Att. Mrs. Yvonne Emmer
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PARTICIPANT:

Last name:

First name:

Middle initials:

Institution:

Department:

Address:

City:

Zip code:

Country:

Telephone:

Fax:

E-mail:

ACCOMPANYING PERSON:

Last name:

First name:

Middle initials:

REGISTRATION FEE:

| | | |
|---|---|---------|
| 0 | Participant | € 625.- |
| 0 | Accompanying person(s): ____ x € 75.- p.p.= | € |
| | Total: | € |

METHOD OF PAYMENT:

0 Eurocard/Mastercard 0 VISA/JCB

Name of cardholder:

Card number

Security code:

Exp. date:

0 Bank transfer to:
Stichting O.R.F.A., Amsterdam, The Netherlands
IBAN: NL17ABNA0451748654, BIC: ABNANL2A
ABN Amro Bank, Amsterdam, The Netherlands

Signature:

Date: