

REGISTRATION FORM

Training Course on the Management of EB

March 17, 18 2008

Surname:

Initials: Male/Female (*)

First name:

Hospital / Institute:

Department:

Function

Address:

Zip-code City:

Country:

Telephone:

Fax:

Email:

Diet:

Registration for the Training Course Yes

Please reserve a room at the NH Groningen Hotel for the following nights:
(€ 88,- pppn including breakfast. Payment should be made directly at the hotel)

- Sunday March 16 – Monday March 17
- Monday March 17 – Tuesday March 18
- Tuesday March 18 – Wednesday March 19

I will make my own hotel reservation

Date: Signature:

Print this registration form and send it by fax to: +31(0)50-3611819

You can also register online at www.wenckebachinstituut.nl



