

**Participation in the Psychodermatology – Training Course  
Brussels 24-26 of October 2019**

**To send by fax/[mail to](mailto:frpoot@gmail.com) +32 71 358164 / frpoot@gmail.com  
Dr.Françoise Poot, ESDaP Treasurer**

Name.....

Address.....

E-Mail: .....

Phone: .....

Hereby I want to participate in the Training Course Psychodermatology 2019 in Brussels

From 24-26<sup>th</sup> of October 2019

Paying the fee for the Training Course of 300,- € (members of ESDaP paying 250 €) to:

ESDaP – European Society for Dermatology and Psychiatry

Account Number: 202266

Bank Identification Code: 42390

IBAN: AT924239000000202266

BIC: VBOEATWWINN

Bank: Volksbank Tirol, INNSBRUCK, AUSTRIA

I agree to transfer the fee for the Training Course via Bank transfer:

I am a member of the ESDaP

I am vegetarian (breakfast and lunch included)

**Registration: deadline 1/10/2019**

**Please fill in the registration sheet and fax it or mail it to:**

Françoise Poot – ESDaP Treasurer – +32 71356164

frpoot@gmail.com

The registration is valid only with the proof of payment

No reimbursement after the 1/10/2019

Before 1/10/2019 reimbursement can be made less administrative fees of 30€

Date: .....

Signature .....