

**Participation in the Psychodermatology – Training Course
Brussels 8-10th of November 2018
To send by fax to +32 71 358164
Dr.Françoise Poot, ESDaP Treasurer**

Name.....

Address.....

E-Mail:

Phone:

Hereby I want to participate in the Training Course Psychodermatology 2018 in Brussels

From 8.- 10th November 2018

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

Registration: deadline 1/10/2018

Please fill in the registration sheet and fax it to:

Françoise Poot – ESDaP Treasurer – +32 71356164

The registration is valid only with the proof of payment

No reimbursement after the 1/10/2018

Before 1/10/2018 reimbursement can be made less administrative fees of 30€

Date:

Signature