



Equine CT and MR Imaging Days 2024 · Registration Form

Fax: +49 (0)2461 34 04 84

!! Early registration date is July 1, 2024 !!

Mail: ARBEITSGRUPPE PFERD · Arno Lindner, Heinrich-Roettgen-Str. 20, D-52428 Juelich, Germany

E-Mail: arnolindner@t-online.de

Last name _____ First name _____

Institution/clinic: _____

Street & number: _____

Zip Code: _____ City: _____ Country: _____

Phone/Fax: _____

E-mail: _____

Coming from within the European Union please provide your VAT ID to not be charged VAT:

I want to register for: (net prices in Euro, + 19 % VAT for persons located in Germany) Please tick the appropriate box(es)

<input type="checkbox"/> Onsite <input type="checkbox"/> Online	No. of persons	Until 01.07.	After 01.07.	Amount (Euro)
All days ¹⁾	___ x	2,200 <input type="checkbox"/>	2,400 <input type="checkbox"/>	_____
CT block (first 3 days) ¹⁾	___ x	1,300 <input type="checkbox"/>	1,450 <input type="checkbox"/>	_____
MR block (last 3 days) ¹⁾	___ x	1,300 <input type="checkbox"/>	1,450 <input type="checkbox"/>	_____
Single day(s) ^{1,2)} FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/>	___ x	550 <input type="checkbox"/>	600 <input type="checkbox"/>	_____
Tour and dinner (September 1) ³⁾	___ x	80 <input type="checkbox"/>	80 <input type="checkbox"/>	_____
Recordings: MR Imaging 2021-01		99 <input type="checkbox"/>	99 <input type="checkbox"/>	_____
MR Imaging 2021-02		99 <input type="checkbox"/>	99 <input type="checkbox"/>	_____
CT Imaging 2021-01		99 <input type="checkbox"/>	99 <input type="checkbox"/>	_____
All three MR and CT 2021 recordings		249 <input type="checkbox"/>	249 <input type="checkbox"/>	_____

1) Includes all coffee breaks and lunch buffets.

2) Please indicate which day(s) you like to come and multiply the price by the number of days.

3) Includes tour, dinner and beverages

Total _____

Course price is reduced by 5% for FFP members, two or more persons from the same practice / clinic and by 15% for residents.

PAYMENT BY:

► **Credit card:** Mastercard Visa Amex

Card number: _____

Card verification number: _____

Card expiration date (MM/YY): _____

Signature: _____

► **Bank transfer** without charges for the beneficiary to the bank "Sparkasse Dueren"

IBAN DE35 3955 0110 1200 0550 59
and BIC (swift code) SDUEDE33