

Patients Delegate Registration Form for the Patients Meeting

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only. You are kindly requested to send this form by fax or e-mail to [Excellence in Conferences Ltd.](mailto:excellence-in-conferences@excellence-in-conferences.org) Tel.: +44 (0) 208 326 5718, Fax.: +44 (0) 203 292 1599, Registrations Department e-mail: eir-reg@excellence-in-conferences.org
You may also register online at: www.excellence-in-rheumatology.org

To be completed by the CO:

Receipt Date:

Registration number:

I. PATIENT DELEGATE'S DETAILS

Surname:

First name:

Title

(Dr, Mr, Mrs, Ms, other):

Male

Female

Position / Patients Association (if applicable):

Correspondence Address (Street & Nr):

Organisation Home

City/Town:

Post Code:

Country:

Tel. (please include country code):

Fax:

Mobile:

E-mail*:

Social media account(s) (URL) : / /

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.

II. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile:

E-mail:

III. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

- | | | | | | |
|-------------------------------------|--------------------------|--|--------------------------|----------------|--------------------------|
| 1) E-mail | <input type="checkbox"/> | 6) Professional / Scientific Association | <input type="checkbox"/> | 11) Newsletter | <input type="checkbox"/> |
| 2) Journal / Scientific Publication | <input type="checkbox"/> | 7) Industry | <input type="checkbox"/> | 12) Other | <input type="checkbox"/> |
| 3) Colleague | <input type="checkbox"/> | 8) Scientific Event | <input type="checkbox"/> | | |
| 4) Internet | <input type="checkbox"/> | 9) Speaker | <input type="checkbox"/> | | |
| 5) Poster | <input type="checkbox"/> | 10) Social Media | <input type="checkbox"/> | | |

Card expiry date: _____
Month Year

Cardholder's name: _____
(as displayed on the card)

Cardholder's telephone number
(please include country code): _____

Bank issuing Details: _____

Three digit numbers as displayed at the back side of your card: _____

I hereby authorize **Excellence in Conferences Ltd.** to debit this card with the total amount of £.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs in view of his/her participation in the Excellence in Rheumatology.

Cardholder's Signature:
(Please do not type your name: Original signature is required.)

In case you provide information for a credit card that belongs to a third party, a photocopy of the credit card and the cardholder's passport (or ID card) is required in order to confirm the transaction. Please send the requested documentation to the Conference Organisers by fax or email: Fax: +44 (0) 203 292 1599 (attn. Registrations Dpt.) Email (Registrations Dpt.): eir-reg@excellence-in-conferences.org.

IX. BILLING DETAILS

Please tick one of the following billing options: Receipt* Invoice

In case of invoice please fill in the following details:

Individual's name/ Company Name: _____

Profession/ Field of activities: _____

Address (street & number): _____

Zip code: _____ City: _____ Country: _____

Tel. (please include country code): _____

Fax (please include country code): _____ E-mail: _____

Tax ID Nr.: _____ Local Tax Authority-DOY
(Greek delegates only)

*** A receipt will be issued in case you do not choose one of the options.**

*"The Conference Organisers of the **Excellence in Rheumatology** reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The Conference Organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The Conference Organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."*
It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the **Excellence in Rheumatology** nor will it be publicized in any other way.

I agree to the collection and processing of my personal data **by Excellence in Conferences**, for the purpose of sending information material (newsletter) in relation to conferences with similar topics as well as promotional and advertising e-mails as part of its advertising policy.

YES or **NO**

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....

Signature.....
(Please do not type your name: Original signature is required.)