

# 1st Mayo Clinic - Vall d'Hebron NEPHROLOGY UPDATE



Venue: Auditorium. Vall d'Hebron Institut de Recerca

## Registration Form

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### Personal Details

Family Name: \_\_\_\_\_

Name: \_\_\_\_\_ National Identity Card: \_\_\_\_\_

Hospital: \_\_\_\_\_

Department: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Registration Fee

250 € + 21% VAT

### Method of Payment

Bank transfer to: Mundicongres, S.L.

IBAN: ES94 0049 5160 7321 1611 2888

SWIFT: BSCHESMM

*Note: Transfer issuance fees must be payed by attendees*

### Cancellations and Refunds

The Technical Secretariat must be notified of all cancellations in writing.

Cancellations performed before July 1st will receive 100% reimbursement.

Cancellations performed between July 1st and August 1st will receive 50% reimbursement.

After August 1st cancelations will not be accepted.

### Return this Application Form duly completed to the Technical Secretariat

Mundicongres, S.L.

C/ Iturbe, 5 - 3ºB. 28028. Madrid. Spain

E-mail: [mundicongres@mundicongres.com](mailto:mundicongres@mundicongres.com)