



EQALM SYMPOSIUM 2018
Zagreb, Croatia 18-19 October, 2018

REGISTRATION FORM

Please return this form to :

e-mail: office@eqalm.org

Postmail: EQALM c/o CSCQ, chemin du Petit-Bel-Air 2, CH-1225 Chêne-Bourg, Switzerland

IMPORTANT: Confirmation of your registration will be sent to your e-mail address. If you do not receive confirmation, please contact us at office@eqalm.org.

1. Identification

Name :

EQA organization/Company :

Address :

Postal code :

City :

Country :

E-mail (mandatory) :

2. Registration

Please select from the following options

Members before August, 31st (€ 325,=) €

Members after August, 31st (€ 405,=) €

Non-members before August, 31st (€ 405,=) €

Non-members after August, 31st (€ 485,=) €

Dinner, lunch and refreshments

I will **NOT** participate in the Symposium Dinner (included in registration fees)

I have special dietary needs or allergies. Please specify:

3. Payment

Bank : UBS SA
IBAN : CH16 0024 0240 6999 7470 F
BIC : UBSWCHZH80A

To avoid confusion, please include your name and organization with your payment.

4. Working Group Meetings

I would like to participate in the following Working Group Meetings

8h30 - 9h55 Frequency

10h00 - 11h25 Haematology or Microbiology

11h30 - 12h55 Haemostasis or Virtual Microscopy