



**EQALM SYMPOSIUM 2019**  
**Ljubljana, Slovenia 17-18 October, 2019**

**REGISTRATION FORM**

Please return this form to: **office@eqalm.org**

**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) : .....

I agree that my name, EQA organization/Company and Country will apply on the participant list distributed at the symposium  Yes  No

**2. Registration**

Please select from the following options

- Members before August, 31<sup>st</sup> (€ 325,=) € .....
- Members after August, 31<sup>st</sup> (€ 405,=) € .....
- Non-members before August, 31<sup>st</sup> (€ 405,=) € .....
- Non-members after August, 31<sup>st</sup> (€ 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 - 9h45  Haemostasis or  Immunohaematology

10h00 - 11h15  Haematology or  Microbiology

11h30 - 12h45  Frequency or  Virtual Microscopy