

Registration Form

Please return this form by post : Semico nv , PROMIS, Korte Meer 16, 9000 Gent - Belgium or by fax : +32-9-233 85 97

Participant:

Title: Prof. Dr. Mr. Mrs. Miss

Family Name: First Name:

University/Institution:

Department:

Address :

Zipcode and City: Country:

Tel. : Fax. : E-mail :

Accompanying Person(s):

Family Name : First Name:

Family Name : First Name:

Section A : Registration

	Before Dec 15, 2004 Euro	After Dec 15, 2004 Euro	Euros
<input type="checkbox"/> Physician (2 days symposium).....	300	400	
<input type="checkbox"/> Recent degree/Student (2 days symposium).....	150	200	
<input type="checkbox"/> One day registration: January 21, 2005.....	150	200	
<input type="checkbox"/> One day registration: January 22, 2005.....	150	200	
<input type="checkbox"/> 1 accompanying person.....	100	125	
<input type="checkbox"/> 2 accompanying persons.....	200	250	
			Total section A:

Section B : Workshops

IMPORTANT : registration for the workshops is only possible in combination with PROMIS Symposium

<i>The number of places available in each workshop is limited. Places will be assigned on a first comefirst served bases.</i>	Before Dec 15, 2004 Euro	After Dec 15, 2004 Euro	Euros
<input type="checkbox"/> Diagnostic imaging of spine.....	200	250	
<input type="checkbox"/> Vertebroplasty / Kyphoplasty.....	200	250	
<input type="checkbox"/> Clinical examination of low back pain	200	250	
<input type="checkbox"/> Radiofrequency treatment of discogenic pain syndromes.....	200	250	
			Total section B:

Section C : Your Experience

To ensure the quality of the PROMIS workshops we need from you, some indication of your level of experience regarding the different techniques listed below. Therefore in order to make groups with similar experience, may we ask you to indicate how often you perform the different techniques, that will be practised during the hands-on-workshops.

Radiofrequency techniques	Never	Once a month	Once a week	More than once a week
Nucleoplasty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Annuloplasty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discography.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(P)RF - DRG.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(P)RF - Ramus communicans.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(P)RF - Sympaticus.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percutaneous Treatment of Vertebral Compression Fractures				
Vertebroplasty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balloon kyphoplasty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D : Hotel accommodation

Arrival date: Departure date: No. of nights:

Type of room : Single room Double room

Hotel Category	Room rate		No. of night	Total Euro
	Single	Double room		
Sofitel ****	200	250		
NH Gent Hotel****	140	160		
Holiday Inn Gent Expo****	132	149		
Novotel ***	140	160		
Gravensteen ***	155	185		
IBIS Hotel Opera **	76	85		
IBIS Hotel Kathedraal **	82	91		

Breakfast and VAT are included in the room price.
 NO CONFIRMATION can be supplied unless we receive your full payment for the hotel.

Total section D: **Euro**

Section E : Social Program

“Warm-Welcome” reception with Belgian beers in the Town-Hall of the City of Ghent on Friday evening from 18:30 - 20:00. A shuttle bus will bring you from the Symposium venue to the historic city center.

- Yes, I will attend the reception on Friday January 21, 2005 in the Town Hall of Ghent, withperson(s)
- No, I will not attend the reception on Friday January 21, 2005 in the Town Hall of Ghent.

Section F : Total amount due:

Total section A: Registration EURO
 Total section B: Workshop(s) * EURO
 Total section D: Hotel accommodation EURO

Total Payment due: EURO

Having signed below, I herewith confirm that I have read and am fully aware of the cancellation conditions stipulated on the promis website and available on simple request to Semico nv. I also understand that cancellations of hotel accommodation is only possible before December 30, 2004.

I hereby authorise Semico nv, to debit this creditcard account for the total amount due. I also consent to Semico nv debiting or crediting my creditcard account of any subsequent change(s) to the items booked.

All payments should be made in EURO and made out to Semico nv. Mark your payment with your name and Promis 2005. Please indicate the preferred way of payment:

- Banktransfer : Account number : 737-0095914-24
 (IBAN: BE81 7370 0959 1424 - BIC : KREDNBEBB)
 Bankers address: KBC bank
 Drapstraat 1
 9810 Nazareth - Belgium

- VISA AMERICAN EXPRESS EUROCARD/MASTERCARD

Cardholders' name:

Expiration date : Card Number:

Date : Cardholders signature... _____

DO NOT send this form by e-mail if you have previously sent it by fax in order to avoid duplications!!

(*) IMPORTANT : registration for the workshops is only possible in combination with the PROMIS Symposium