

REGISTRATION FORM BSONT

ONE DAY REGISTRATION 27 NOVEMBER 2014

Belgian Society of Ophthalmic Nurses & Technicians
BSONT

**EARLY REGISTRATION
DEADLINE: OCTOBER 1**

OPHTHALMOLOGIA BELGICA, OB 2014 CONGRESS

BELGIAN SOCIETY FOR OPHTHALMIC NURSES & TECHNICIANS, CONGRESS 2014
BSONT - NURSES & TECHNICIANS ONLY

PARTICIPANT

Name

First name

Hospital

Address

Zipcode City

Email

☐ Will attend the French programme

☐ Will attend the Dutch programme

INVOICE ADDRESS (if different)

Hospital

Contact

Address

Zipcode City

VAT number

☐ I will need an invoice

☐ I do not need an invoice

REGISTRATION

BEFORE
Oct. 1, 2014

AFTER
Oct. 1, 2014

AMOUNT

REGISTRATION	BEFORE Oct. 1, 2014	AFTER Oct. 1, 2014	AMOUNT
Nurse / Technician	88 EUR	140 EUR

VAT included

PAYMENT:

By banktransfer to: AOB /OB, BNP Paribas Fortis, Vital Decosterstraat 42, 3000 Leuven

National payment: account number: 001-4479845-73

International payment: IBAN: BE27 0014 4798 4573

BIC (Bank Identifier Code): GEBABEBB

PLEASE mention name of the REGISTERED PERSON

Date: Signature: