



Fill in this form and return to OB 2015 Office,
Kapucijnenvoer 33, B-3000 Leuven
OB2015@ophthalmologia.be - FAX +32 (0)16 234 097

REGISTRATION FORM BSONT

ONE DAY REGISTRATION 26 NOVEMBER 2015

SQUARE, Brussels Meeting Center
Glass Entrance: Rue Mont des Arts, B-1000 Brussels

Ophthalmologia Belgica, OB 2015 congress

Belgian Society for Ophthalmic Nurses & Technicians, Congress 2015
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

AFTER
Oct. 1, 2015

AMOUNT

REGISTRATION	AFTER Oct. 1, 2015	AMOUNT
Nurse / Technician	140 EUR

VAT included

CANCELLATION AND REFUNDS: Refunds up to 75% of the advance registration fee will be granted for cancellation received in writing prior to October 12, 2015. Refunds will not be granted for later cancellation or no-shows.

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: