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

OB 2015
Academia Ophthalmologica Belgica

BSONT
Belgian Society of Ophthalmic Nurses & Technicians

Group Registration 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

PARTICIPANTS

1/ Name ..... First name .....

2/ Name ..... First name .....

3/ Name ..... First name .....

4/ Name ..... First name .....

5/ Name ..... First name .....

6/ Name ..... First name .....

7/ Name ..... First name .....

8/ Name ..... First name .....

9/ Name ..... First name .....

10/ Name ..... First name .....

INVOICE ADDRESS

Hospital .....

Contact .....

Address .....

Zipcode ..... City .....

VAT number .....

REGISTRATION	AFTER Oct. 1, 2015	TOTAL AMOUNT
Nurse / Technician	.... x 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
International payment: IBAN: BE27 0014 4798 4573
BIC (Bank Identifier Code): GEBABEBB
PLEASE mention name of the REGISTERED PERSONS

Date: ..... Signature: .....