



Transplant Procurement Management
Advanced International Training Course in Transplant Coordination
Barcelona (Spain), November 24th –28th, 2008

REGISTRATION FORM

PERSONAL DETAILS

Name: Last name:
Home address:
Post Code: City: Country:
Phone: E-mail:
Passport No.: Age: Gender:

PROFESSIONAL DETAILS

Hospital / Center:
Position: Department:
Business address:
City: Post Code:
Phone: Fax:
E-mail:
Academic Background: Speciality:

Experience in Transplant Coordination

None 1-2 year 3-5 years >5 years Number of donors / year

METHOD OF PAYMENT

I will pay by cheque the amount of _____ EURO to "Fundació IL3-UB"

I will pay by bank transfer the amount of _____ EURO to Fundació IL3-UB:
Bank name: Santander Central Hispano
Bank address: Passeig de Gracia 5, 08007 Barcelona, Spain
Account number: 0049.1806.90.2211869218
Swift: BSCH ES MM
IBAN: ES 65

Please note that all bank charges must be fully covered by the participant.
A bank transfer receipt must be sent together with the registration form.

I will pay the amount of _____ EURO by credit card:

VISA Master Card

Credit card number:
Expiry date:
Cardholder's name:
Cardholder's signature:

* Please fax this form duly filled to the course secretariat: +34 93 403 99 20