

APPLICATION FORM

Please fax to +48 (0) 12 396 38 39



4th International Symposium Evidence-Based Health Care „HTA & Pricing”

December 7th–8th, 2009
Auditorium Maximum
ul. Krupnicza 35
Krakow, POLAND

Conditions of participation

1. Participation cost for one person:

| Date of application | Price for | |
|---|---------------------|-----------------------------------|
| | public institutions | private sector or private persons |
| till November 15 th | 220 Euro | 620 Euro |
| after November 15 th | 250 Euro | 800 Euro |
| December 7 th –8 th | 290 Euro | 920 Euro |

2. Price includes:

- all lectures
- educational materials
- lunch
- „Meet the experts” dinner-party

3. In order to apply, fill out the printed APPLICATION FORM and send it by mail or fax to: +48 (0) 12 396 38 39

4. The fee must be transferred within 14 days after confirmation of application acceptance has been received (not later than 5 working days before the beginning of the Symposium) to the following account: PL **97 1240 4689 1111 0000 5142 0745** swift code: **PKOPPLPW** title: **“EBHC Symposium 2009”**

5. In case of withdrawal from participation before November 16th, 2009 costs of withdrawal amount to 120 Euro – after that day the costs are equal to the fee.

6. The Organizers reserve the right to change the Symposium program.

Contact:

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| | |
|------------------|-----|
| Name and surname | |
| Position | |
| Company | |
| Phone | Fax |
| E-mail | |

I would like to take part in EBHC Symposium as a representative of:

a public institution

a private company / or as a private person

Please make out a VAT invoice

In case a VAT invoice is required, please sign the following statement of being a VAT payer according to the regulation of the Minister of Finance of May 12th, 1193 (Dz. U. 39/93 poz. 176)

Company full name

Address

Postal code - Locality

states hereby to be a VAT payer of Tax Id No.

Tax Id Number (NIP)

and authorizes CEESTAHC to make out a VAT invoice without the recipient's signature.

Order No. (if required for the invoice)

I declare that conditions of participation are known to me and oblige to pay all the amount required by the order.

Signature and seal

I agree for processing of my personal data as required by organization of EBHC Symposium, according to the Data Protection Act of August 29th, 1997 (Dz. U. 1997 r. Nr 133 poz. 833).

I do not apply for participation, but I would like to receive information concerning activity of CEESTAHC Society