

APPLICATION FORM

Please fill in this form with CAPITAL LETTERS

Please fax to +48 12-396-38-39



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

I choose (fill checkbox below):

participation in the Symposium and dinner-party
 only participation in the Symposium only dinner-party

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

5th International Symposium Evidence-Based Health Care „HTA & Health Insurance”

November 22nd–23rd, 2010
Auditorium Maximum
ul. Krupnicza 35, Krakow, POLAND

Conditions of participation

1. Participation cost for one person:

Application		private sector	
		public in-stitutions	private sector
till 20.10.2010	participation in the Symp.	200 Euro	620 Euro
	dinner-party	75 Euro	75 Euro
	All	275 Euro	695 Euro
till 21.11.2010	participation in the Symp.	220 Euro	650 Euro
	dinner-party	75 Euro	75 Euro
	All	295 Euro	725 Euro
during Symposium	participation in the Symp.	235 Euro	725 Euro
	dinner-party	75 Euro	75 Euro
	All	310 Euro	815 Euro

2. Price includes:

- all lectures
- educational materials
- lunch

3. In order to apply, fill out the printed APPLICATION FORM and send it by mail or fax to: **+48 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 2010”**

5. In case of withdrawal from participation before November 1st, 2010 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:

CEESTAHC

The Central and Eastern European Society
of Technology Assessment in Health Care

30-015 Krakow, ul. Swietokrzyska 4/1

phone +48 12 357 76 34, fax +48 12 396 38 39

mobile 501 61 60 25 Jacek Siwiec

e-mail: sekretariat@ceestahc.org

www.ceestahc.org

tax id number (NIP): 676-22-46-760