

APPLICATION FORM

Please fax to **+48 (0) 12-395-38-32**



International Symposium **Evidence-Based Health Care** „How is it done?”

November 19th–20th, 2007

Auditorium Maximum

ul. Krupnicza 35

Krakow, POLAND

Conditions of participationa

1. Participation cost for one person:
 - public institutions: 200 Euro
 - companies and private persons: 585 Euro

Number of places limited

2. Price includes:
 - all lectures
 - educational materials
 - lunch
 - „Meet the experts” dinner-party
3. Applications will be accepted **till November 11th, 2007**. In order to apply, fill out the printed **APPLICATION FORM** and send it by mail or fax. Application is also possible at www.ceestahc.org/en/symposium,application.html
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 16 1060 0076 0000 3200 0087 3708
swift code: BPHKPLPK
title: “EBHC Symposium 2007”
5. In case of withdrawal from participation before November 11th, 2007 costs of withdrawal amount to 90 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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tax id number (NIP): 676-22-46-760

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