Registration Form
Virtual Clinical CURRY Workshop   October 16 - 20, 2023

To register please email the filled-in form to: **woliver@compumedics.com**

Contact Details

Name: _____   Title: _____

Institute: _____   Department: _____

Address: _____

City: _____   State/Country: _____

Zip Code/Post Code: _____   Telephone Number: _____

Email Address: _____   Fax (optional): _____

Payment Details: All payments must be made free of any bank charges before the beginning of the course.

Payment Type USD	Payment Type EURO
USD $550	☐ **€550** Rate excl. VAT
☐ **Electronic Fund Transfer**	**Credit card payment cannot be accepted for EURO payment.**
☐ **International Wire Transfer**	**Important note:** Invoices for EU participants will be issued by Compumedics Europe in Germany.
Important note: For the description please use the code: CCW22 followed by your name.	In order to provide you with an invoice for the course fee we will require the exact invoice address of your institute/company complete with its EU VAT ID to allow for tax free delivery within the EU.
	Without the EU VAT ID 19% German VAT will be added to the course fee.
	For payment please use the invoice number as reference. Thank you.

☐ **Credit card payment** (USD only)
Please print clearly

Payment Type: Credit Card: ☐ Visa   ☐ Mastercard   ☐ American Express

Card Number
☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ / ☐☐   **CVV** ☐☐☐   **Billing Zipcode:** ☐☐☐☐☐☐

Name on Card: _____   **Signature:** _____

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