

Registration Form

Virtual Clinical CURRY Workshop September 26 - 30, 2022

To register please email the filled-in form to: **ronnie@neuroscan.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
<p>USD \$550</p> <p><input type="checkbox"/> Electronic Fund Transfer</p> <p><input type="checkbox"/> International Wire Transfer</p> <p>Important note: For the description please use the code: CCW22 followed by your name.</p>	<p><input type="checkbox"/> € 550 Rate excl. VAT</p> <p>Credit card payment cannot be accepted for EURO payment.</p> <p>Important note: Invoices for EU participants will be issued by Compumedics Europe in Germany.</p> <p>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.</p> <p>Without the EU VAT ID 19% German VAT will be added to the course fee.</p> <p>For payment please use the invoice number as reference. Thank you.</p>

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: _____