



I register with binding effect for the „[1st Hands-On Course in Pediatric Interventional Bronchoscopy](#)“, which take place from 18th – 20th April 2024 in the University Children’s Hospital Düsseldorf.

Title, First name, Name:

E-Mail:

Phone:

Billing address:

Clinic/Surgery:

Department:

Street, Number:

Postcode, City:

Please send billing and transfer information to the following e-mail address:

E-Mail:

The participation fee is 1.500.00 euros for the complete Course. Unfortunately, it is not possible to book individual days. For planning reasons, however, we kindly ask you to inform us on which days you will participate.

I would like to attend the symposium on the following days:

Thursday, 18th April 2024 Friday, 19th April 2024 Saturday, 20th April 2024

After successful registration, you will receive a booking confirmation and an invoice for your participation fee. This may take a little time. We thank you for your patience.

Date

Signature

Please return to:

b4c & solutions GmbH – Ms. Isabel Krithl-Hinck
E-Mail: krithl-hinck@b4c-solutions.de