

REDUCED REGISTRATION FEE

EUROPEAN CONGRESS OF RADIOLOGY

ECR2020

Vienna, July 15-19

Registration Form

This special offer is only valid and available for residents, students and radiographer in Brazil.

Personal ID: _____

Title:* _____ **Gender:*** Male Female

First Name:* _____ **Last Name:*** _____

Date of Birth:* _____

Profession:* Undergraduate Student Radiographer
 Radiology Resident Other (specify): _____

Department: _____

Hospital/ Institute: _____

Street/ no.:* _____

Postal Code:* _____ **City:*** _____ **Country:*** _____

Phone: _____

Email:* _____

Registration Fee

ECR 2020 Online Ticket

Attention: Your registration for the online congress ECR 2020 is valid after we have received your payment.

Payment

Credit Card (Mastercard/ VISA Card)

Bank Transfer

Important information:

Kindly note that this special reduced offer is only available if the completed registration form is sent to congress@myESR.org **until July 13, 2020** at the latest.

Please make sure your e-mail address is clearly legible.

Please note that the general terms and conditions apply.

Once the registration payment is completed or a regular registration has been completed beforehand, there will be no possibility of a refund.

Date:*

Signature:*

I herewith acknowledge that I accept the [ECR 2020 Terms and Conditions](#).

European Society of Radiology | Am Gestade 1 | AT-1010 Vienna | Austria
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