

## REGISTRATION FORM – “Fit for Europe” Training Day

17<sup>th</sup> European Congress of  
Trauma and Emergency Surgery  
April 24 – 26, 2016  
Reed Messe Wien / Congress Center, Austria

Mondial Congress & Events  
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Web: [www.estesonline.org](http://www.estesonline.org)

### 1. Participant Information

Title: Please click for your text. **Mr. / Mrs.\*:** Choose your gender here.

**Family Name\*:** Please enter your Family Name. **First Name\*:** Please enter your First Name.

**Place of work\*:** Please click here for your text.

Address: Please enter your address/billing address.

City, Postal Code: Please enter your Postal Code and City. **Country\*:** Please enter your Country.

Telephone: Please enter your phone number. Fax: Please click here for your text.

**E-Mail\*:** Please enter your email address.

\* mandatory

### 2. Registration

Training Day „Fit for Europe“

Sunday, April 24, 2016 8.00 am – 6.00 pm

EUR 120

### 3. Terms & Conditions, Liability

#### Cancellation policy of registration:

Any changes or cancellations should be addressed to [ectes2016@mondial-congress.com](mailto:ectes2016@mondial-congress.com). For cancellation of registration and received **after Friday, April 1, 2016**, no refunds are made. Participation can only be guaranteed after full payment.

#### Liability

Mondial GmbH & Co. KG shall act as mediator only and cannot be held responsible for any loss incurred or any damage inflicted on persons or objects irrespective of whatsoever cause. The liability for transport and other service companies shall not be affected by the above. Only written agreements shall be valid. The place of jurisdiction shall be Vienna.

### 4. Payment

#### Bank transfer

Account Name: ECTES 2016 **IBAN: AT57 1200 0100 1255 2062 / BIC: BKAUATWW**

Unicredit Bank Austria AG, Schottengasse 6-8, 1010 Wien

Please mention “Free of charge for Mondial Congress & Events”. All bank fees will be charged to the participant.

#### Credit Card Please choose your credit card type.

**Card holder:** Please enter the name of credit card holder. **Card number:** Please enter your credit card number.

Expiry Date: Please enter the Expiry Date.

CVC Please enter the CVC number.

Please enter the date.

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Date

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Signature