

# Pre-Congress Registration Form

Please fill in all the highlighted fields accordingly.

## Personal Details

**TITLE:**  Prof.  Dr.  Other: \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**PASSPORT / I.D. NO.:** \_\_\_\_\_

**MOBILE PHONE NO.:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

## Professional Details

**AFFILIATION :** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**ZIP/POST CODE:** \_\_\_\_\_

**OFFICE PHONE NO.:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

## Experience with Hysteroscopy

**I HAVE:**  Performed diagnostic hysteroscopy on a regular basis  
 Performed a few diagnostic hysteroscopy procedures  
 Experience in hysteroscopy surgery

## Pre-Congress Courses (April 30<sup>th</sup>, 2019)

Please choose only ONE pre-congress course.

**ESGE**  240€ HYST+T WORKSHOP MORNING SESSION  
 240€ HYST+T WORKSHOP AFTERNOON SESSION

**Hospital Del Mar**  **FULL** 400€ PRACTICAL WORKSHOP OF SURGICAL HYSTEROSCOPY—Practical course  
**\*Specialized OB-GYNs with Hysteroscopy experience only\***  
 200€ PRACTICAL WORKSHOP OF SURGICAL HYSTEROSCOPY - Without Practice

**Vall D'Hebron**  200€ COURSE & LIFE SURGERY

Registration is based on a first-come-first-serve basis.  
 The registration is final once the payment has been received.  
 Please make sure to check the time and place of each course.

## Payment Options

### A. By Bank transfer

1. Please fill in this form and prepare all proof documents, where necessary.
2. Proceed with a Bank Transfer to:  
**Company: TRAVEL NEXUS SPAIN, SL**  
**Bank: Banco Santander**  
**Address: C. Córcega 429, 08037 Barcelona, Spain**  
**SWIFT/BIC-Code: BSCHEM**  
**IBAN: ES49-0049-3398-90-2214096469**  
**All bank expenses are on sender's account.**
3. Send this form duly signed with proof of payment to: [secretary@hysteroscopy2019.com](mailto:secretary@hysteroscopy2019.com).
4. Once the information and payment are received, we will confirm the registration by return email.

### B. By Credit/Debit Card

1. Please fill in the card details below and return this form duly signed to:  
[secretary@hysteroscopy2019.com](mailto:secretary@hysteroscopy2019.com).
2. Once the payment has been made, we will confirm the registration by return email.

<b>TYPE:</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	<b>NAME ON CARD:</b>	
<b>CARD NUMBER:</b>		<b>EXPIRY DATE:</b> /	<b>CVC:</b>
<b>TOTAL TO BE PAID:</b>			€

## General Notes

#### DATA PROTECTION:

By filling in this form, you authorize Travel Nexus Spain SL to incorporate the details you provide into the GCH2019 data base and use it for the only purpose of managing your participation in the congress via email, phone, printed congress material, etc. as legally required.

Travel Nexus Spain SL and the GCH2019 organizing committee shall use your data also for marketing purposes of keeping you informed about developments on the congress editions and hysteroscopy related issues. This is done via digital newsletters, email marketing and the GCH2019 social networks. In application of the new GDPR, please give your consent to do so:  **Yes, I agree**  **No, I disagree**

Should you need to access, modify or cancel your data or consent, please write to [secretary@hysteroscopy2019.com](mailto:secretary@hysteroscopy2019.com)

#### DISCLAIMER:

The organizing committee and the congress organizer maintain the right to change the congress schedules and program as well as specific services. All and any essential changes will be announced on the congress website, app and via e-mail. Security and first aid assistance will be available at the congress center however, neither the organizing committee nor the congress organizer will be liable for accidents, bodily injury, theft or similar occurrence. Liability for additional costs due to force majeure events beyond the control of the organizing committee such as transportation delays (including changes or cancellations of flights, trains or other), strike actions, illness, weather, etc. are all excluded. As it is clearly not included in any given participation fee, it is highly recommended that participants purchase appropriate travel insurance. The organizing committee and the congress organizer accept no liability for any additional costs caused by a change in the program.

#### SIGNATURE & DATE

Please return this form dully filled in to  
[secretary@hysteroscopy2019.com](mailto:secretary@hysteroscopy2019.com)