

REGISTRATION FORM

Advances in digestive neuroendocrine neoplasms EScoP2017 Varna-Bulgaria September 29th Friday - September 30th Saturday

Name (for Certificate)
Country and City
Email
Phone/mobile
Institution name and address

Pathologist Specialist 120 EUR	
Pathologist Residents 60 EUR	

For invoice: EGH / i.d. №
For invoice: V.A.T. and company details

Pay the Registration fees in advance in Euro ONLY via bank transfer

BANK ACCOUNT DETAILS Name: Bulgarian Pathology Association Bank: UniCredit BulBank AD Address: 7, Sveta Nedelya Sq.; 1000 Sofia, Bulgaria IBAN: BG92 UNCR 7000 1522 2356 13 SWIFT/ BIC: UNCRBGSF Branch: Sofia South Park Current account in EUR
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- **N.B. Please send the fulfilled registration form and copy of bank transfer via e-mail to bulgarianpathology@gmail.com**

REGISTRATION WILL BE CLOSED on 10th of September 2017