



LUND UNIVERSITY
Faculty of Medicine

Registration form for the workshop in

IMPLEMENTATION OF V/P SPECT
ACCORDING TO EUROPEAN GUIDELINES

MARCH 1 – 4, 2016



Surname First Name

Profession Phone (work) even area code

Hospital Clinic/Dept

Street, No/ P.O. Box

Postal Code/Zip Code City/Country

E-mail address (for confirmation and other correspondence)

Special requests, dietary requirements etc.

Course fee 600 Euro (excl. VAT). Incl. Coffee, Lunch and Dinner

Invoice address (Mandatory)

Reference

Postal code City Organisation number

VAT number

Date Signature

Please send before February 7, 2016 to:

Lund University, Dept. of clinical physiology
Att. Kerstin Brauer,
Skåne University Hospital, Lund, S-221 85 Lund, Sweden
or

Fax: +46 46 15 17 69 / e-mail: kerstin.brauer@med.lu.se