



**28<sup>th</sup>**

**EUROPEAN MEETING  
ON HYPERTENSION  
AND CARDIOVASCULAR  
PROTECTION**

WWW.ESH2018.EU

**PRACTICAL COURSE  
REGISTRATION FORM**

Please use capital letter only

Family name \_\_\_\_\_

First name \_\_\_\_\_

Birth date \_\_\_\_\_

Address \_\_\_\_\_

ZIP code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

For citizen of EU countries only:

VAT NUMBER \_\_\_\_\_ or Fiscal code \_\_\_\_\_

**SELECT YOUR COURSE\***

**Hands-On Workshop: Renal Ultrasound in Hypertension (Basics)** € 30,00

**“Practical Course” on BP measurement** € 30,00

\* Number of places for each session is limited.

Registration will be accepted on a first-come, first-served basis.

PAYMENT IS ACCEPTED ONLY BY CREDIT CARD

REGISTRATION WILL BE PROCESSED ONLY WHEN ACCOMPANIED BY THE ENCLOSED  
CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_

Signature \_\_\_\_\_



# 28<sup>th</sup>

## EUROPEAN MEETING ON HYPERTENSION AND CARDIOVASCULAR PROTECTION

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### CREDIT CARD AUTHORIZATION FORM

Please TYPE or PRINT clearly and return  
by e-mail: [esh2018.reg@aimgroup.eu](mailto:esh2018.reg@aimgroup.eu) or by fax: +39 06 23325630 (att. to Valentina Vantaggioli)

#### **INVOICE TO**

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

COMPANY \_\_\_\_\_ VAT N. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**I authorize to use the following credit card to charge the amount of (EUR) € \_\_\_\_\_**

Visa  Mastercard/Eurocard  American Express

Card no.: \_\_\_\_\_ Security code/cvv2 \* \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

\*Security code/cvv2: last three numbers on the back of the card, near the signature space

Date \_\_\_\_\_

Signature \_\_\_\_\_



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I authorize the treatment and communication of my personal data as described above.

Date \_\_\_\_\_

Signature \_\_\_\_\_