

ESAVS Office Germany Schadtengasse 2 55765 Birkenfeld, Germany Fax: +49 6782 8693028

Email: info@esavs.eu Web: www.esavs.eu

## Registration 2020

Course Title and Date		The following contact details are required for your invoice/payment receipt and your course certificate: please print CLEARLY		
□ Mr. □ Ms.	FIRST NAME(s)	LAST NAME	YOUR TITLE ( <i>Dr. / Prof. etc.</i> )	
Email Address (Requir	ed):			
·	-			
Phone:	Fax:	Mobile	Phone:	
			rly cut-off date listed on the course website page)	
			ng a printed handout of the Course Notes from ESAVS)	
	payment made after early cut-off date and no			
□ Regular Payment v	vith 50 EUR discount (get a 50€ discoun the early cut-off c		handout of the Course Notes from ESAVS and pay after	
□ Payment by Credit	Card MasterCard / Visa only (full payment v	will be deducted immediately)		
Card Number	Expiry Date	*)Control Number	*)last three numbers on the back of the card next to the signature	
Credit Card Holder	's Name and Signature:		-	
□ Payment by Bank	Transfer: (Please do not make payment unt	til we confirm your participation in the	course!)	
Bank Address: 69,	AVS (Banque Internationale à Luxembou route d'Esch, L-2953 Luxembourg LLULLIBAN: LU21 0021 7101 3189			
Please make sure that a number is written on the		in the payment and not charged to	the ESAVS and that the invoice and reference	
	nditions (http://www.esavs.eu/terms-		ost, phone or social media you accept the our Privacy Policy	
	ne right at all times to change, amend I clients and cooperation partners.	d, add or remove any of the terr	ms without prior notice. These Terms and	
Dietary Requirements:	□ Vegetarian □ Nor	n-Vegetarian 🗆 Vegan	☐ Other:	
Where did your interest	in the ESAVS courses originate from?			
<ul> <li>□ ESAVS Website</li> <li>□ Mailing from ESAVS / Brochure</li> <li>□ Other Internet Pages/Social Media/Facebook, etc.</li> <li>□ Colleague Recommended</li> <li>□ Information at Congress</li> <li>□ Advertisement in Newspapers / Vet Journals</li> </ul>				
Date / Location		Signature		