



## Registration 2022

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 (*Dr. / Prof. etc.*)

Email Address (*Required*): .....

Invoice Address (*Full name & address of person/organization making payment*): .....

VAT-ID-Number: .....

Phone: ..... Fax: ..... Mobile Phone: .....

**Please choose:**

**Early Registration Payment** (get a 100€ discount when payment is made prior to the early cut-off date listed on the course website page)

**Regular Registration Payment** (payment made after early cut-off date and no later than 12 weeks (84 days) prior to the course start date)

**Payment by Credit Card** MasterCard / Visa only (**full payment will be deducted immediately**)

Card Number \_\_\_\_\_ / \_\_\_\_\_ \*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 until we confirm your participation in the course!*)

Account Holder: **ESAVS**  
Bank Name: **BIL (Banque Internationale à Luxembourg)**  
Bank Address: **69, route d'Esch, L-2953 Luxembourg**  
BIC/SWIFT: **BILLLULL** IBAN: **LU21 0021 7101 3189 6800**

**Please make sure that any additional bank charges are included in the payment and not charged to the ESAVS and that the invoice and reference number is written on the transaction.**

By submitting registration or booking forms to the ESAVS, contacting ESAVS via e-mail, post, phone or social media you accept the ESAVS Terms and Conditions (<http://www.esavs.eu/terms-and-conditions/>) and agree to our Privacy Policy (<http://www.esavs.eu/privacy-policy/>).

The ESAVS reserves the right at all times to change, amend, add or remove any of the terms without prior notice. These Terms and Conditions apply to all clients and cooperation partners.

Dietary Requirements:  Vegetarian  Non-Vegetarian  Vegan  Other: .....

Where did your interest in the ESAVS courses originate from?

- |   |   |
|---|---|
| <input type="checkbox"/> ESAVS Website                                    | <input type="checkbox"/> Colleague Recommended                      |
| <input type="checkbox"/> Mailing from ESAVS / Brochure                    | <input type="checkbox"/> Information at Congress                    |
| <input type="checkbox"/> Other Internet Pages/Social Media/Facebook, etc. | <input type="checkbox"/> Advertisement in Newspapers / Vet Journals |

Date / Location

Signature

Please return this registration form to the ESAVS Office Germany (Fax: +49 6782 8693028, Email: [registration@esavs.eu](mailto:registration@esavs.eu))