

4th Clinical Forum

20th & 21st March 2010 Madrid

REGISTRATION FORM

Clinic information *(Please write in capital letters):*

Clinic/Entity Name: Web:

Address1:

Post code: Town: Country:

Tel: Fax: E-mail:

Invoice address (if different):

Attendee information *(Please write in capital letters):*

First Name: Name: Arrival Date: Departure Date: Nights: _____

First Name: Name: Arrival Date: Departure Date: Nights: _____

First Name: Name: Arrival Date: Departure Date: Nights: _____

First Name: Name: Arrival Date: Departure Date: Nights: _____

First Name: Name: Arrival Date: Departure Date: Nights: _____

First Name: Name: Arrival Date: Departure Date: Nights: _____

Nights Total: _____

Accommodation/Venue

Tryp Ambassador ***** Cuesta de Santo Domingo 5, 28013, Madrid ESPAÑA

Double room for Single Use	_____ nights with Breakfast	x 110 €* =	Sub-Total 1: _____ €*
Double room	_____ nights with Breakfast	x 120 €* =	Sub-Total 2: _____ €*

Conference rates

Basic Training Class	Saturday, March 20 x 100 €* =	Sub-Total 3: _____ €*
Clinical Forum	Saturday, March 20 & Sunday, March 21 x 200 €* =	Sub-Total 4: _____ €*
Basic Training & Clinical Forum	Saturday, March 20 & Sunday, March 21 x 250 €* =	Sub-Total 5: _____ €*

Payment

Total = €*
 (*excl. VAT)

By Credit card:

Card (Visa, Mastercard, American Express) : _____ N° _____

Expiration date: ____ / ____ Name: _____ CVC code: _____

I authorize Cutera to debit my card for the above mentioned amount.

By bank transfer to Cutera Switzerland GmbH

Domiciliation: Credit Suisse, 8070 Zurich, Switzerland - **Swift-Code:** CRESCHZZ80A - **IBAN:** CH 370 4835 0302 0464 1000

Please complete and return to Cutera by Fax (+41 43 233 73 50):

I hereby read and accept the cancellation policy.

Date: Name (capital letters)

Signature: