



International Laser Medical Congress
16-17 September 2016
SANDVIKA –NORWAY

REGISTRATION FORM EXHIBITION

Section A. Information Company Name			
Company name		Name	
Institution/Company			
Address			
City, State, Zip Code		Country	
Phone			
E-mail			

Category of Lasers or IPL

Section C. Accommodation

Hotel	Room / Service	Room rate per night
Oslofjord Thon Hotel, Sandviksveien 184, 1337 Sandvika, Room reservation: Phone:+47 67 55 66 00-	Single room – bed, breakfast and tax	Ask when you call
	Double room – bed, breakfast and tax	
	Double room – bed, breakfast and tax	

Section D. Fee Payment

Name and Surname
Billing Address
City, Post Code & Country
E-mail
Signature

Bank transfer to: →→→	Bank: Nordea Bank Norge ASA
Please <u>send us a copy of the Bank Transfer</u> together with the Registration Form. Bank charges are the responsibility of the payee and should be added in addition to the fee!	Address: Middelthuns gate 17 Postboks 1166 Sentrum N-0107 Oslo
	In favour of: EMLA co/ Laserklinikken Anne HarilaUK
	OIB/VAT number: 988236802
	Account number: 62200500577
	IBAN: NO4062200500577
	BIC/Swift Code: NDEANOKK
	Reference number: 13-6 (name of participant)

Section E. Booking, Payment & Cancellation

<ul style="list-style-type: none">➤ Please, send your registration and payment at your earliest convenience.➤ Upon received registration and payment, we will send you the confirmation and invoice by email.➤ Notice of any cancellation/change must be sent in writing.➤ Emergency cancellations (e.g. illness, death or similar) can be refund 100% if duly proved.	
I agree with the above conditions:	Signature
Place & Date:	

Please, use block letters, fill out the Form, save it with your data, and send it to:

lasercongress@gmail.com

or print the form and send to

European Medical Laser Association-Norway
co/ Laserklinikken Anne Harila, Postboks 412 1302 Sandvika