



**International Laser Medical Congress**  
**16<sup>th</sup> - 17<sup>th</sup> September 2016**  
**SANDVIKA –NORWAY**

**Low-Level-Laser and Laser Surgery (aesthetic laser)**

## REGISTRATION FORM

### Section A. Personal Information

Family name		Name	
Institution/Company			
Address			
City, State, Zip Code		Country	
Phone			
E-mail			
Accompanying Person	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Family name:	Name:	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Family name:	Name:	

### Section B. Registration Fee *(please, check your choice!)*

Category	Paid before Sept. 1 <sup>st</sup>	Paid after Sept. 1 <sup>st</sup>
2 days lectures	NOK 3200,- <input type="checkbox"/>	NOK 3700,- <input type="checkbox"/>
1 day lectures	NOK 1600,- <input type="checkbox"/>	NOK 2100,- <input type="checkbox"/>
Members of Emla have 15% discount	<input type="checkbox"/>	<input type="checkbox"/>
Students half price	<input type="checkbox"/>	<input type="checkbox"/>
Accompanying person if attending the lectures full price. Accompanying persons who are NOT attending the lectures, for lunch, coffee, tea, 2 days NOK 600,-	<input type="checkbox"/>	<input type="checkbox"/>

**Participant fee includes:** session, congress materials, welcome reception and coffee breaks, lunch and gala-buffet.

**Students fee includes:** sessions, congress materials, coffee break.

\* **Enclose a certificate of a student status.**

**Double click the check box above to fill in.**

### 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	Ask when you call

<b>Section D. Fee Payment</b>	
<b>Name and Surname</b>	
<b>Billing Address</b>	
<b>City, Post Code &amp; Country</b>	
<b>E-mail</b>	
<b>Signature</b>	

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

<b>Section E. Booking, Payment &amp; Cancellation</b>	
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 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 the form with your data, and send it to: [lasercongress@gmail.com](mailto:lasercongress@gmail.com)

**In favor of EMLA**  
**European Medical Laser Association - Norway**  
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 Cellphone - +47 951 22 826