



Petrov Research Institute of  
**ONCOLOGY**

Ministry of Healthcare,  
Russian Federation

June 20-21, 2016 Saint Petersburg, Russia

## IBUS BREAST IMAGING SCHOOL

### REGISTRATION FORM

#### **PARTICIPANT'S DETAILS:**

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Academic degree: \_\_\_\_\_ Position: \_\_\_\_\_

Institution/Place of Work/Department: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

Mob. Tel.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### **REGISTRATION FEES:**

Including participation in workshops (number of participants is limited to 50):

- Early registration fee before May 01, 2016 – 8,500 RUR, incl. VAT (18%).
- Late registration fee after May 01, 2016 – 12,000 RUR, incl. VAT (18%).

Not including participation in workshops (only lectures):

- Early registration fee before May 01, 2016 – 4,000 RUR, incl. VAT (18%).
- Late registration fee after May 01, 2016 – 8,000 RUR, incl. VAT (18%).

**REGISTRATION FEE INCLUDES:** course materials, coffee breaks and lunches & certificate of attendance.

#### **CANCELLATION:**

In case of cancellation of the application for participation before May 01, 2016, a 100% refund will be provided. After May 01, 2016, the funds will not be refunded.

I hereby confirm that I have read and agree with all terms, conditions of my registration in IBUS COURSE 2016, and agree to receiving correspondence to the contact details specified above.

Date: \_\_\_\_/\_\_\_\_/2016

Signature: \_\_\_\_\_

