APPLICATION FORM

After open in Adobe Acrobat active form will appear.
If you prefer handwriting please fill in this form with capital letters
Send to **sekretariat@ceestahc.org** or fax **12 396 38 39**

Central and Eastern European Society
CEESTAHC
of Technology Assessment in Health Care

Personal data

Name and surname

Position

Company

Phone | Fax

E-mail

☐ I wolud like to take part in 2 fee free sessions on December 11th 2017 only.
If you check this box only you fill only „Personal data" frame

I would like to take part in EBHC Symposium as a representative of:

☑ a private sector ☐ a public institution or NGO / or as a student/PhD student

I choose participation range (fill checkbox below):

☐ December 11th 2017 ☐ December 12th 2017

☐ Please make out a VAT invoice
In case a VAT invoice is required, please sign the following statement of being a VAT payer according to the regulation of the Minister of Finance of May 12th, 1193 (Dz. U. 39/93 poz. 176)

Company

Address

Postal code Locality

states hereby to be a VAT payer of Tax Id No.:

and authorizes CEESTAHC to make out a VAT invoice without the recipient's signature.

Order No. (if required for the invoice)

I declare that conditions of participation are known to me and oblige to pay all the amount required by the order.

Signature and seal

I agree for processing of my personal data as required by organization of EHBC Symposium, according to the Data Protection Act of August 29th, 1997 (Dz. U. 1997 r. Nr 133 poz. 833).

Price table (nett prices 23% VAT)	Private sector	Public institutions, NGOS, students and PhD students
registration till November 30th 2017		
1 day	570 €	60 €
2 days	645 €	85 €
registration from November 30th 2017 & during Symposium		
1 day	600 €	145 €
2 days	685 €	200 €

12th International EBHC Symposium

HTA: evidence and value in decision-making paradigm

Krakow, Poland, December 12th-12th 2017

Conditions of participation

1. Variants of participation in the Symposium:
   - 1 day
   - 2 days
   - 2 fee free sessions on December 11th only
2. The cost of participation of one person depends on the time of declaration and the selected variant of participation (see the Price table for). The number of places is limited.
3. The following participants are entitled to discounted fee:
   - representatives of public institutions: a certificate must be produced on demand
   - students: based on the school's letter of reference (with official stamps)
4. The fee includes:
   - participation in scientific sessions,
   - educational materials,
   - coffee breaks and the lunch.
5. Declaration:
   - may be submitted at www.ceestahc.org
   - or a „Application form" should be sent
6. **Payment should be made within 7 days** following acceptance of declaration (no later than 5 working days before commencement of the Symposium) to the following account:
   Bank PKO S.A O/Krakow
   Rynek Glowny 47, 30-960 Krakow, POLAND
   PL 97 1240 4689 1111 0000 5142 0745
   Swift code: PKOPPLPW
   Payment title:
   „EBHC Symposium 2017" **+ invoice ID**
7. Cancellation. If participation is cancelled no later than December 4th, 2017, the cost of cancellation will be 30% of the fee; after that day the fee will not be returned.
8. The organisers reserve the right to change the Symposium programme.