**REGISTRATION FORM**

|  |
| --- |
| **PERSONAL DATA** |
| **\*First Name:** | **\*Last Name:** |
| **\*Address:**(town, country) | **\*Affiliation / Organization:** |
| **\*E-mail:** | **\*Phone:** |
| **\*ID/PNC:**  | **CUIM:**(only for the Romanian physicians) |
| **Please select the participant category:** |
|

| **MINIMALLY INVASIVE SURGERY IN GYNECOLOGY CONGRESS** ***and*  DAL-17 CONFERENCE** | before14.09.2025 (EUR) | after 15.09.2025or on site (EUR) |
| --- | --- | --- |
| SENIOR DOCTOR/SPECIALIST | 300 | 360 |
| RESIDENT DOCTOR/PhD STUDENT / RETIERD DOCTOR NURSE AND MIDWIVE | 15025 | 20025 |
| COURSE ON LAPAROSCOPIC SURGERY IN GYNECOLOGY | 100 | 100 |
| **MINIMALLY INVASIVE SURGERY IN GYNECOLOGY CONGRESS *only*** |  |  |
| SENIOR DOCTOR/SPECIALIST | 200 | 240 |
| RESIDENT DOCTOR/PhD STUDENT /RETIERD DOCTOR NURSE AND MIDWIVE | 100 25 | 120 25 |
| COURSE ON LAPAROSCOPIC SURGERY IN GYNECOLOGY | 100 | 100 |
| **PARTICIPATION FEE DAL-17 CONFERENCE *only*** |  |  |
| SENIOR DOCTOR/SPECIALIST | 160 | 200 |
| RESIDENT DOCTOR/ PhD STUDENT / RETIERD DOCTORNURSE AND MIDWIVE | 100 25 | 120 25 |

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| **The registration fee will be paid to:** |
| **Beneficiary:** Foundation of the University of Medicine and Pharmacy Timisoara | **CUI:** 46163979 |
| **IBAN:** RO15BTRLRONCRT0625800901\*Please specify the short name of the scientific event | TRANSILVANIA BANK |
| **DATA FOR INVOICE (to be completed just if the fee will be paid by a company)** |
| **Name of the Company:** |
| **CUI/CIF** | **J**\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  |
| **Address:** (street, town, country) | **Contact person:** |
| **Phone:** | **E-mail:** |
| IBAN:  |
| Date | Signature |