



Traditional
ANGIOLOGICAL DAYS 2003
Prague, April 3 - 5, 2003



REGISTRATION FORM

Please complete and together with payment confirmation
send to the secretariat:

Czech Medical Association JEP
Congress Department
Sokolská 31, 120 26 Prague 2
phone: (+420) 224 26 62 28, 224 26 62 05
fax: (+420) 224 26 62 06
e-mail: congress@cls.cz

Title Name Family name

Institute

Address

Postal code City

Phone Fax

E-mail

Accompanying person

REGISTRATION FEES

	before February 15 st , 2003	after February 15 st , 2003
Full registration fee	35 EUR	40 EUR
1 day registration fee	15 EUR	

I confirm that I pay the registration fee of the amount of EUR

- I enclose the copy of the bank transfer
- I enclose the bank cheque Nr.
- I enclose data of my credit card:

- Visa
- Mastercard/Eurocard
- American Express

No. of the card

Card holder

Expiration Date

.....
Date

.....
Signature



Traditional
ANGIOLOGICAL DAYS 2003
Prague, April 3 - 5, 2003



ABSTRACT FORM

Please complete in English and return together with the diskette (in Microsoft Word, Times New Roman, letters 12) and 3 printed copies. State the aims of the study, the materials and methods, summarize the results and state conclusions, do not use references. Title in block letters, list all authors and underline the presenting author's name, institute, city and country.

Text:

For my presentation I need: data projection video projection overhead projection

Presenting author's name

Mailing address

.....

Phone

Fax

E-mail

Date Signature

Mailing address:

Klinika kardiologie IKEM

Oddělení periferní cirkulace

Videňská 1958

Abstract application deadline is January 31, 2003!!!

140 21 Prague 4, Czech Republic