Registration and Hotel Reservation Einthoven 2005
January 17-18, Leiden, The Netherlands
or register on-line: www. Einthoven.nl

Reg no____
Office use only

First name _____ Middle initial ___ Family name_____

Institution/ Hospital/ Office _____Degree_____

Address _____home ☐ office ☐

City _____ State _____Zip_____

Country_____Postal Code_____

Phone _____

Fax _____

Email: _____@_____

Accomodation including bus shuttle

I need a hotel reservation	NO ☐	YES ☐		
NH Leeuwenhorst	*****	101 euro		

Arrival Date	_____/_____	Departure Date	_____/_____
Room Preference	Single ☐	Double ☐	

For hotel reservation, a hotel deposit of 100 Euro is required; the amount has to be added to your payment

Registration, including Dinner

Advance Registration(before November 1, 2004)	150 euro ☐
Late Registration (after November 1, 2004)	250 euro ☐
Student or Fellow ***Please enclose statement of head of the department***	75 euro ☐

Amount to pay	EURO_____ ***(include 100 Euro for Hotel reservation!!)***
Payment with	Visa ☐ Mastercard ☐ American Express ☐ I hereby authorize the Einthoven Foundation to debit or credit this credit card account for the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked
Creditcard number	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Expire date card	_____/_____ (MM/YYYY) *(must be valid until 02/05)*
	Name card holder: _____
	Cardholder's Signature:

Return Form to:
Leiden University Medical Center
Einthoven Foundation
Department of Cardiology
PO Box: 9600
2300 RC Leiden The Netherlands
or fax to: 31-715248144

Please read terms of cancellation
On www.einthoven.nl
Please do not hesitate to contact the Einthoven foundation at:
info@einthoven.nl

I hereby accept the conditions of reservations outlined on www.einthoven.nl Signature_____