# Pancreatic Cancer Academy

**Registration Form**

|  |  |  |
| --- | --- | --- |
| **Contact Details**  | First Name(according to your passport ) |  |
| Last Name (according to your passport) |  |
| Job title |  |
| Institute / Affiliation  |  |
| City |  |
| Country |  |
| E-Mail address  |  |
|  |  |
| **Passport**  |  Name |  |
| Number  |  |
| Expiry date  |  |
| Country |  |
|   |  |
| **Travel arrangements:** | ☐ Flight\* ☐ Train/Bus\*\* ☐ Car\*\*\* |
| **Frequent flyer programm**  | Name  |  |
| Number  |  |
|   |  |
| **Flight - Economy flight****Arrival 10.11.2016****Departure 12.11.2016**  | Special flight request:  |  |
| I have no special flight requests. Please propose a suitable flight schedule:  |
| If you need a visa , please do not forget it  |
| \***You will be contacted by TOPTRAVEL – Ms Lemberger will arrange your flights**! \*\* please arrange by yourself, travel expenses will be transferred to your bank account after the meeting\*\*\* mileage – 0,42 Euro/km |
| **Hotel** **Special dietary requirements** | NH HOTEL AIRPORT VIENNA  | **CECOG pays two nights at the Hotel !**  |
| Arrival  |  |
| Departure  |  |
| ☐ vegetarian ☐ vegan ☐ others:……………… |
| **Hotel room** | ☐ Single ☐ Double |
| **Working stream**  | ☐ Doctor ☐ Nurse ☐ Advocat |