# 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 | |