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| **Registration Form24th ENOTHE Annual Meeting 2018, Escola Superior de Saúde do Alcoitão, Portugal** |
| **Name of person who should be invoiced/billed** |  |
| **Full Name of****University/Organisation**  |  |
| **Full Address of the University/Organisation** |  |
| **Country**  |  |
| **Any VAT/department codes** |  |
|  |
|  |
| **Staff/Academic** | **First Name** | **Surname** | **Email Address** | **Special Dietary Requirements** |
| **1 🞎** |  |  |  |  |
| **2 🞎** |  |  |  |  |
| **3 🞎** |  |  |  |  |
| **4 🞎** |  |  |  |  |
| **Student** | **First Name** | **Surname** | **Email Address** | **Special Dietary Requirements** |
| **1 🞎** |  |  |  |  |
| **2 🞎** |  |  |  |  |
| **3 🞎** |  |  |  |  |
| **4 🞎** |  |  |  |  |
| ***4 Students per Educational Institution Maximum***  |

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| *If you do not want your name to appear on the public participant list please check the box above* 🞎 |
| **Method of payment** | **🞎 I will pay by Card 🞎 Please invoice my organisation**  |

**Please return this completed form to the ENOTHE Office at** **info@enothe.eu**

**We will then send you necessary details to make payment for registration.**