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| **Registration Form 24th 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**](mailto:info@enothe.eu)

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