



**EQALM SYMPOSIUM 2018**  
**Zagreb, Croatia 18-19 October, 2018**

**REGISTRATION FORM**

**Please return this form to:**

**E-mail: office@eqalm.org**

**Postmail: EQALM c/o CSCQ, chemin du Petit-Bel-Air 2, CH-1225 Chêne-Bourg, Switzerland**

**IMPORTANT: Confirmation of your registration will be sent to your e-mail address. If you do not receive confirmation, please contact us at office@eqalm.org.**

**1. Identification**

Name : .....

EQA organization/Company : .....

Address : .....

Postal code : .....

City : .....

Country : .....

E-mail (mandatory) : .....

**2. Registration**

Please select from the following options

- Members before August, 31<sup>st</sup> (€ 325,=) € .....
- Members after August, 31<sup>st</sup> (€ 405,=) € .....
- Non-members before August, 31<sup>st</sup> (€ 405,=) € .....
- Non-members after August, 31<sup>st</sup> (€ 485,=) € .....

Dinner, lunch and refreshments

- I will **NOT** participate in the Symposium Dinner (included in registration fees)
- I have special diary needs or allergies. Please specify: .....
- I will bring an accompany person to the Symposium Dinner (additional cost of € 60)

**3. Payment**

Bank : UBS SA  
IBAN : CH16 0024 0240 6999 7470 F  
BIC : UBSWCHZH80A

**To avoid confusion, please include your name and organization with your payment.**

**4. Working Group Meetings**

I would like to participate in the following Working Group Meetings

8h30 - 9h55  Haemostasis or  TFG Immunohaematology

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10h00 - 11h25  Haematology or  Microbiology

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11h30 - 12h55  Frequency or  Virtual Microscopy

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