

Please insert a  
current passport  
photo here

## REGISTRATION

### INTERNATIONAL TRAINING COURSE IN REPRODUCTIVE MEDICINE AND EMBRYOLOGY

**SUMMER COURSE BUNDLE:  
09 - 17 AUGUST 2023 IN GOETTINGEN, GERMANY**

#### Personal details:

Title:

Ms ☐

Mr ☐

First Name:

Last Name:

Date of Birth:

Passport Nr.:

#### Address

Street:

P.O Box:

Postal Code:

Town:

Addition to Address:

Country:

#### Telephone numbers: (Please include country and city code)

Residence:

Best local time to call:

Workplace:

Best local time to call:

**Mobil:**

Best local time to call:

**Email:**

#### Meal restriction during the course:

☐ Vegetarian Meal

☐ Chicken and fish allowed

☐ No restriction

☐ Other - please specify:

**I accept that photos made during my stay as accompanying person will be published on the**

**- ISoM website**

☐ Yes

☐ No

**- ISoM face book**

☐ Yes

☐ No

### Training Course Fee:

Total package\* Goettingen:

- **4.900 €\*\*** (four thousand nine hundred)

**payable directly after sending the duly filled in and signed registration form to confirm the attendance.**

\* The total package includes: Tuition fees for the training course in Goettingen, hotel stay (single occupancy) for the duration of the programme, transfers airport / hotel: Göttingen - Frankfurt, meals **(breakfast/lunch/1 x coffee break and snacks, 3 x dinner)** as indicated in the programme.

\*\* Course fee subject to change

**Bank to bank transfer in favour of *International School of Medicine GbR, Planckstraße 15 A, 37073 Goettingen, Germany:***

**Bank:** Sparkasse Göttingen, Weender Straße 13 - 15, 37073 Göttingen, Germany

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**International account number (IBAN):** DE66260500010000163501      **BIC:** NOLADE21GOE

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Clearly mention name with the bank transfer. **Remittance should be free of charge to the recipient.** Personal cheques and bank drafts cannot be accepted.

After receipt of the registration fee, we shall forward you an official invitation for visa purposes.

Because of high demand please register early for our courses.

### General Terms:

By sending us this registration you agree with our General Terms.

(The General Terms and Instructions can be found on [www.international-school-of-medicine.org](http://www.international-school-of-medicine.org) .)

### Please also note:

The International School of Medicine GbR reserves the right to cancel courses for compelling reasons. In these cases, the course fees will be reimbursed. Further claims cannot be made.

### Confirmation

Upon receipt of the registration form confirmation will be send immediately by email.

### Questionnaire

I am a gynaecologist:

- a) ☐ Yes                                      b) ☐ No

I already perform IVF or ICSI by my own hands:

- a) ☐ Yes    b) ☐ No

I was referred to this course by

- a) ☐ Advertisement                      b) ☐ Internet                                      c) ☐ Other:

City	Date	Signature
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