

**20th Brussels Hand/Upper Limb International Symposium  
ADVANCES IN PROSTHETICS AND SURGICAL RECONSTRUCTIONS  
FOR HAND/UPPER EXTREMITY AMPUTEES  
January 27-28, 2012 - Genva / Brussels, Belgium**

**REGISTRATION FORM**

Please return this form to: King Conventions, Korte Meer 18, B- 9000 Ghent Fax: +32 9 233 85 97 - E-mail:  
info@kingconventions.be

**PARTICIPANT:** GENDER:  Female  Male TITLE:  Prof.  Dr.  Drs.  other .....

FAMILY NAME: ..... FIRST NAME: .....

Company/Institution: .....

Department: .....

Address: P.O. Box/Street: .....

Zip Code: .....City: ..... Country: .....

Telephone: ..... Fax: .....

E-mail: .....

**SECTION A: SYMPOSIUM REGISTRATION (prices in Euro, VAT 21% included)**

REGISTRATION FEE (Price/person)	Paid before 1 November 2011	Paid after 1 November 2011	Euro
Regular Delegate	470	500	.....
Resident/Student *	350	350	.....
Physiotherapist/Nurse	350	350	.....
Touristic Visit & Banquet (27 January)	100	100	.....

\* Please include a certificate signed by Head of the Department

**TOTAL : Euro .....**

I herewith confirm that I have read and I'm fully aware of the cancellation conditions stipulated on the homepage

All payments should be made in euro and made out to King Conventions attn. "Brussels Symposium". Mark your payment with your name. Please indicate which of the following means of payment you have used:

Bank Transfer: KBC, Drapstraat 1, 9810 Nazareth, Belgium, account number 737-0289738-42  
IBAN: BE77 7370 2897 3842 BIC: KREDBEBB

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I hereby authorise King Conventions to debit this credit card account for the total amount due. I also consent to King Conventions debiting or crediting my credit card account of any subsequent change(s) to I make/agree to the items booked.

**Catering and Emergency Information**

Catering: Number of registered vegetarians: ..... Other dietary request? .....

Person(s) to contact in the event of an emergency: Contact Name(s):  
.....

E-mail: ..... Phone: .....(Country code+area code+number)