

Please insert a current passport photo here

R E G I S T R A T I O N INTERNATIONAL TRAINING COURSE IN REPRODUCTIVE MEDICINE AND EMBRYOLOGY

The International School of Medicine in its 16th year proudly presents: 19th Intensive Course, Summer 2024, June 26 – July 04, Goettingen, Germany.

Comprehensive Basic and Advanced Reproductive Medicine

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	S:	1	Country:		
Workplace: Mobil:		Best local time to call: Best local time to call:			
Mobil:	[Best local time to call:			
Email:					
Meal restriction during		: □ Chicken and	d fish allowed	□ No restriction	
□ Other -please sp	ecify:				
I accept that photos i	made during	ı my stay as ac	companying	person will be published on the	
- ISoM website	□ Yes	□ No	. , •	·	
- ISOM face book	ΠYes	П Мо			

Please print, fill in and send the signed registration form 2 pages by email to our Indian partner Jupiter Medical Event . Ms. Nuzat Ali Sardar: M: +91 9820642641

Email: info.jupiter.medical.events@gmail.com



Training Course Fee: PARTS OF THE COMPREHENSIVE COURSE CANNOT BE BOOKED SFPFRATFIY!

To register for the ISOM Summer Course 2023, make a payment of 4.900 Euro (four thousand five hundred Euro) to ISOM in Germany & make a mandatory part payment of Rs. 30000/- to our Indian coordinating partner Jupiter Medical Events. Invoices will be sent to you after your registration is approved.

Prices are subject to change.

* The above mentioned 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/2 x coffee break and snacks, 4 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

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

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.)

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.

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 cou	urse by		
a) □ Advertisement	b) □ Internet	c) □ Other:	
City	Date	Sianature	

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