



**REGISTRATION FOR ECR 2019,  
FEBRUARY 27 – MARCH 3**

**REDUCED REGISTRATION FEE**

# **ECR 2019** the **bigger picture**

**February 27 – March 3**  
Vienna, Austria

## **Personal information**

Title:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name*:		Last Name*:	
Date of birth*:		Profession*:	
Hospital/Institute:			
Department:			
Street/No.:			
ZIP Code*:	City*:	Country*:	
Phone:		Fax:	
E-mail*:			

\* required

## **Registration details:**

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\* Please send a written confirmation signed by your head of department to verify your current professional status via e-mail to [congress@myESR.org](mailto:congress@myESR.org).



# ECR 2019 the bigger picture

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## Payment details

- ☐ Bank transfer
- ☐ Credit card:      ☐ Visa                      ☐ Eurocard/Mastercard

## Important information:

Kindly note that this special reduced offer is only available if the completed registration form is @; Ato 0<; 4?2@@ : F2@? <?4  
B; A9Z OA< / 2? - AA52 9 A2@A

## Please make sure your e-mail address is clearly legible.

If you chose payment by bank transfer, an e-mail containing the payment details will be sent to you. Once the registration payment is completed or a regular registration has been completed beforehand, there will be no possibility of a refund.

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Date

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Signature