

Pancreas 360°
October 3-6, 2018
Bucharest, Romania



Name and Title	
Full address	
Office phone	
Mobile phone	
I will attend	<input type="checkbox"/> for the entire program <input type="checkbox"/> for part of the program Please specify dates: Arrive: _____ Depart: _____
Additional comments:	
Please note that a cancellation fee of 50€ will apply after September 1 st A fee of 25€ (to be paid in cash) will due upon arrival to help cover the cost of the meeting.	
Signature _____	

Please send this form to: pancreas360@gmail.com