

Live-Stream-Registration (to join exhibition, audience meeting lounge, poster halls)

- For speakers and chairs
free of charge

[Please use this link](#)

Address *

Title

First Name *

Name

University

Hospital

Department

Medical specialty

Street / No. *

ZIP *

City

Country

Address-Type * Private address
 Address of hospital
 Address of practise

15-digit EFN (For German Physicians
only)

Phone

Fax

Mobile

Email *

The email address will only be used for registration confirmation

I agree having my email address saved to used for further information of medical educational meetings and conferences. The processed personal data will be managed based on GDPR only. My consent can be revoked at any time.

Fields marked with * has to be fulfilled.



**III. INTERNATIONAL
CONFERENCE
ON DEEP BRAIN
STIMULATION**

– virtual meeting –
November 20 – 21, 2020



Your contact

Registration fees p. p.

| | |
|-------------------|-----------------------------------|
| Conference Ticket | <input type="checkbox"/> 100,00 € |
|-------------------|-----------------------------------|

Registration fees p. p. (Students*)

| | |
|-------------------|----------------------------------|
| Conference Ticket | <input type="checkbox"/> 25,00 € |
|-------------------|----------------------------------|

Registration speakers/chairs only

| | |
|-------------------|--|
| Conference Ticket | <input checked="" type="checkbox"/> free of charge |
|-------------------|--|

All prices are included VAT.

Choose payment type

Payment by debit

Payment by Paypal only for attendees *without* an bank account in Germany

Payment by debit

Name of bank*

IBAN*

BIC*

Account holder*

I agree respectively to collect the payments payable by me from my account when due by means of a direct debit from my account. If my account has insufficient funds to cover the direct debit, the account-keeping banking institution shall not be obliged to accept direct debits thus presented. In the event of the return or non-payment of a debit entry, I commit myself to pay an additional service fee in the amount of € 25,- to bsh medical communications GmbH per failed process. Creditor ID: DE52ZZZ00001018794 *

Fields marked with * has to be fulfilled.



Summary

| | |
|------------|-----|
| Address | Mr. |
| First Name | adf |
| Name | adf |

| | |
|--------------|-----------------|
| Street / No. | asdf |
| ZIP | asdf |
| City | asdf |
| Country | adf |
| Address-Type | Private address |

| | |
|-------|-----------------|
| Email | ssdfasf@test.de |
|-------|-----------------|

Registration speakers/chairs only

| | |
|-------------------|----------|
| Conference Ticket | ✓ 0,00 € |
|-------------------|----------|

| | |
|----------------|---------|
| Name of bank | speaker |
| IBAN | speaker |
| BIC | speaker |
| Account holder | speaker |

I hereby confirm my details and that I have read the privacy policy. *

[Register now](#)

Fields marked with * has to be fulfilled.

[Back](#)

Thank you for your registration.

You will receive a confirmation by email soon.

In case of no receipt, please contact the team of bsh medical communications GmbH directly.