**REGISTRATION FORM**

**13th European Head and Neck Course**

**7 – 9 October 2020, Poznan, Poland**

|  |  |
| --- | --- |
| First Name  |  |
| Last Name |  |
| Job Title |  |
| Department |  |
| Email |  |
| Telephone  |  |
| Billing  |  |
|  |  |
|  |  |

□ I have paid the registration fee:

PAYMENTS IN EURO:

Polish Society of Head and Neck Cancer

Title: Eurohnc2020

Name of the bank: mBank

Bank address: BRANCH POZNAN, 42 Polwiejska Street, 61-888 Poznan

IBAN: PL [49114011240000270055001002](https://companynet.mbank.pl/mt/process.jsp)

BIC/Swiftcode: BREXPLPWMBK

PAYMENTS IN PLN:

Polskie Towarzystwo Nowotworów Głowy i Szyi

Tytułem: Eurohnc2020

Nazwa Banku: mBank

Adres Banku: ODDZIAŁ POZNAN, ul. Półwiejska 42, 61-888 Poznań

IBAN: PL [11114011240000270055001007](https://companynet.mbank.pl/mt/process.jsp)

BIC/Swiftcode: BREXPLPWMBK

Definitive registration only if full payment has been received

Date Signature

**Please send the completed form via:**

e-mail:ehnc@wco.pl ; kinga.lunitz@wco.pl

fax: +48 61 88 50 910