



THE ESLD TEACHING COURSE ON LASERS & ENERGY BASED DEVICES REGISTRATION FORM

8-9 JULY 2016  
FLORENCE, ITALY

First Name (Given) \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name (Family) \_\_\_\_\_

Degree (i.e. MD, PhD) \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Emergency Contact Name (Emergency use only) \_\_\_\_\_ Phone Number \_\_\_\_\_

ESLD MEMBER € 750

ESLD NON MEMBER €890

Payment Information:

Send completed form to [dnl.ferranti@gmail.com](mailto:dnl.ferranti@gmail.com)

Payment to Bank Account ESLD Caisse d'Epargne  
Rhone Alpes in Annemasse, France,  
BIC/Swift Code CEPAFRPP382  
IBAN (International Bank Account Number)  
FR76 1382 5002 0008 0090 5063 143