

12th

International
Symposium on
Neuropsychiatry & HIV

HIV
neuro
psychiatry

Registration Form

(*) Required field

Attendee Information

Courtesy (*)

First Name (*)

Last Name (*)

E-mail Address (*)
(to send information
and certificate)

Professionals Data

Institute (*)

Work Center (*)

Department (*)

Postal Address

City

State-Country

Postal Code

Contact person for this registration

Contact person (*)

E-mail Address (*)

Registration fee

Standard	500 € + 21% VAT – 605,00 €
Psychologist/Student	250 € + 21% VAT – 302,50 €

Billing Information

Name

Address

City

State-Country

Postal Code

Tax Id. Number

More Information

Important: Indicate in the concept of the bank transfer the name of the attendee registered.

Data for bank transfer:

C&C - Symposium Neuropsychiatry & HIV

Caixabank, S.A.

IBAN account: ES6721003447712299982884.

SWIFT: CAIXAESBXXX

Please, send this form with the copy of the bank transfer to info@neuropsychiatry-hiv.com

Cancellation charges

The following fees will be charged to cover expenses.

- Until April 30, 2019, no cancellation fee.
- From May 1 to May 31, 2019, 50% cancellation fee.
- From June 1, 2019, 100% cancellation fee.