**BOOKING FORM**

**Mentor details**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Position |  |
| Place of Work |  |
| Work Address |  |
| Home Country |  |
| Mobile telephone number |  |
| email address |  |
| Emergency Contact Name |  |
| Emergency Telephone Number |  |

**Young Neurologist details**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Last Name |  |
| Position |  |
| Place of Work |  |
| Work Address |  |
| Home Country |  |
| Mobile telephone number |  |
| email address |  |
| Emergency Contact Name |  |
| Emergency Telephone Number |  |
| **ARRANGEMENTS FOR BOTH Young Neurologist and Mentor** | |
| Please give details of the time and date of your arrival, so that accommodation arrangements can be made. |  |
| Do you have any special dietary requirements? |  |
| Do you have any special needs (e.g. wheelchair, etc.) |  |

**The cost of the Master Class is 525 Euros per person. The cost per person includes:**

* two nights’ accommodation (Thursday and Friday) with breakfast at St Catharine’s College in a single room with en-suite facilities.
* access to the full Master Class programme
* lunch on Friday and Saturday
* a conference dinner in the College dining hall on Friday evening followed by an open after-dinner discussion of issues arising.
* Coffee and tea during all breaks.
* \*note: dinner on Thursday 6 September has not been organised and is not included in the fee

**REGISTRATION FEE**

|  |  |
| --- | --- |
| Master Class fee for Young Neurologist | 525 Euros |
| Master Class fee for Mentor | 525 Euros |

**REQUEST FOR ADDITIONAL ACCOMODATION**

Accommodation for 6 and 7 September 2018 is included, if you would like additional nights’ accommodation at St Catharine’s College, this can be organised on your behalf. However full payment must be taken as soon as possible to ensure your booking is secured. The cost is 75 Euros per person per night with breakfast included.

**Please specify below the extra nights required**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Number of extra nights requested | Dates of the extra nights requested | Total cost (75 Euros per person per night) |
| (mentor) |  |  |  |
| (young neurologist) |  |  |  |

Attendees must organise their own transport.

**SUMMARY OF AMOUNT TO BE PAID – please complete:**

|  |  |
| --- | --- |
| Master Class fee for Young Neurologist |  |
| Master Class fee for Mentor |  |
| Additional accommodation at St Catharine’s (75 Euros per night) |  |
| Total amount to be paid |  |

**PAYMENT METHOD *Please tick your chosen payment method:***

|  |  |
| --- | --- |
|  | **Bank Transfer**  Amount: **EUROs**  Date bank transfer made: |
| To: Account Name: EPNS  Bank name: Merkur Bank KGaA, Bayerstrasse 33, D-80335 Munich - Germany  IBAN DE82 7013 0800 0000 0889 00  BIC GENODEF1M06  ***Please quote ‘masterclass and your last names’ in the bank transfer reference*** | |
|  | **Online via EPNS website** <http://www.epns.jmre.es/>  ***If this option is selected, you will receive an email from the EPNS Secretary with further instructions*** |