



# ERCESG2025

## Registration

Please send this form to [ERCESG2025@med.uni-greifswald.de](mailto:ERCESG2025@med.uni-greifswald.de) to finish your booking

Name:

Surname:

Institutional-Address:

Phone number

Mail:

Room Selection:

Shared double Room with:

Date of Arrival:

<u>Conference + Room:</u>	<u>Single</u>	<u>Double</u>
PI:	950€	800€
Research assistant:	850€	600€
Student:	700€	500€

Date of Departure:

Do you need an invoice apart from the booking confirmation?

YES

NO

Would you like to use the shuttle service from Berlin and back? (50€ p.p.)?

YES

NO

Would you like to inform us of anything else?

### Declaration of consent to the disclosure of personal data

I hereby give my consent to the Organizing Committee of ERCSG'25 to forward my personal data to Schlosshotel Fleesensee for processing for the purpose of booking my participation in the ERCSG 2025 congress. I reserve the right to revoke this consent at any time without providing a reason.

Date

Signature