

Registration Form

for participants of the 15th International Conference on Rare Diseases

“Rare Diseases 🍷 Open Your Heart and Mind”

Participant data

Please submit the registration form to: biuro@chorobyzadkie.pl

First and last name:	
degree/position:	
name of institution, place	
email:	
mobile phone:	
expected date and time of arrival*	time +/-
expected date and time of departure*	time +/-

* In order to enable correct registration and to book accommodation and board, please fill out the table below specifying the duration of your stay, as well as the time of your arrival and departure. Such information will help avoid any unnecessary spending of the organizer's funds.

Accommodation booking

Please book: a single room a double room a triple room

Room to be shared with:

Please book my stay for:

29 June	30 June	1 July	2 July	3 July
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accommodation <input type="checkbox"/>	accommodation <input type="checkbox"/>	accommodation <input type="checkbox"/>	accommodation <input type="checkbox"/>	accommodation <input type="checkbox"/>
board <input type="checkbox"/>	board <input type="checkbox"/>	board <input type="checkbox"/>	board <input type="checkbox"/>	board <input type="checkbox"/>

(prosimy o dokładne zaznaczenie przyjazdu i wyjazdu w celu zarezerwowania dla Państwa noclegu).

Pursuant to the Regulation of the Minister of Health of October 6, 2004 on the means of fulfilling the obligation of doctors and laboratory diagnosticians to undergo professional training, conference participants will receive educational credits. Therefore, please tick as applicable:

I am a member of the Polish Chamber of Physicians and Dentists <input type="checkbox"/>	I am a member of the Polish Chamber of Laboratory Diagnosticians <input type="checkbox"/>
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Physicians willing to participate in case studies and patient consultations are requested to tick the box below, and to confirm their participation at the registration desk, upon arrival.

participation in panels <input type="checkbox"/>	I hereby agree to attend medical case studies with the participation of patients and physicians <input type="checkbox"/>
I hereby agree to hold consultations with patients <input type="checkbox"/>	I wish to participate in patient consultations <input type="checkbox"/>

Your accommodation and board will be booked, for the duration of the conference, at the “WDW Revita” Training Center at ul. Wczasowa 59, Białobrzegi. The facility, located in the direct vicinity of the Zegrzyński Lake, surrounded by forests and a beautiful park, offers a perfect setting for those looking for peace and relaxation.

Single, double and triple rooms, as well as suites located in a 3-storey building will be offered. The accommodation will be booked by the conference organizers.

We are looking forward to meet you at the conference.

Pursuant to the Personal Data Protection Act of 29 August 1997 (Journal of Acts of 2002, No. 101, item 926, as amended), I hereby express my consent for my personal data to be processed in relation to the 15th International Conference on Rare Diseases

The Polish Association of Patients with Mucopolysaccharidosis (MPS) and Rare Diseases, with its registered office in Głusków, NIP 123 09 99 634 >< Bank account: BP S.A. Oddz. w Piasecznie, Account number: 62 1240 6175 1111 0000 4568 0739 tel./fax 22/757 81 97, <http://chorobyzadkie.pl/?s=2&p=ak2#konf2017pl>, email: biuro@chorobyzadkie.pl