## **Registration form**

for the participants of the 18<sup>th</sup> International Conference on Rare Diseases
"What's new in rare diseases"

**Serock, June 27 – 29, 2025 (Friday - Sunday)** 

| Please submit the registration form to the   | he following e-mail ad | ldress: | biuro@        | chorobyrzadki      | ie.pl |             |  |  |
|--|------------------------|---------|---------------|--------------------|-------|-------------|--|--|
| * First and last name:   |                        |         |               |                    |       |             |  |  |
| * degree/position:   |                        |         |               |                    |       |             |  |  |
| * Institution, place:  |                        |         |               |                    |       |             |  |  |
| * Email:   |                        |         |               |                    |       |             |  |  |
| * Mobile phone:  |                        |         | Flight number |                    |       |             |  |  |
| * Expected date and time of arrival  |                        |         |               | time +/- arrival   |       |             |  |  |
| * Expected date and time of departure  |                        |         |               | time +/- departure |       |             |  |  |
| * In order to enable correct registration and to book accommodation and board, please fill out the table precisely, specifying the duration of your stay as well as the time of your arrival and departure |                        |         |               |                    |       |             |  |  |
| Accommodation booking  |                        |         |               |                    |       |             |  |  |
| * Please book:   | a single room          |         | a double      | e room             | Па    | triple room |  |  |
| * Please book the room together with:  |                        |         |               |                    |       |             |  |  |
| Please book my stay for:   |                        |         |               |                    |       |             |  |  |

(please be specific when determining the dates and times of your arrival and departure, so that accommodation and board can be booked correctly).

29 June

board

accommodation

participation in panel discussions

30 June

board

accommodation

## Please tick as applicable:

participation in lectures

27 June

board

accommodation

Participant data

Physicians willing to participate in case studies and patient consultations are kindly requested to tick the box below and to confirm their participation at the registration desk upon arrival.

I wish to participate in patient consultations participation in the conference

During the 18th International Conference on Rare Diseases, we will book your accommodation and board at the

"Pan Tadeusz" hotel address: Czesława Miłosza 20, 05-140 Serock.

The conference hotel is located in the immediate vicinity of the Zegrze Reservoir, surrounded by ferests and a be

The conference hotel is located in the immediate vicinity of the Zegrze Reservoir, surrounded by forests and a beautiful park, offer a perfect setting for those looking for peace and relaxation. Single, double and triple rooms as well as suites located. The accommodation will be booked by the organizer only.

Invitations and the online registration form are available on the website of the MPS and Rare Diseases Association https://chorobyrzadkie.pl/registration-form-conference-2025/

On behalf of the organizational committee, we cordially invite you to the conference

28 June

board

accommodation

Pursuant to the Personal Data Protection Act of 29 August 1997 (Journal of Laws of 2002, No. 101, item 926, as amended), I hereby express my consent for my personal data to be processed in relation to the 18<sup>th</sup> International Conference on Rare Diseases.

Polish Association of Patients with Mucopolysaccharidosis (MPS) and Rare Diseases, with its registered office in Głosków, KRS 0000060517, 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, <a href="https://chorobyrzadkie.pl">https://chorobyrzadkie.pl</a>, email: <a href="mailto:biuro@chorobyrzadkie.pl">biuro@chorobyrzadkie.pl</a>

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| Please submit the title of your lecture, a short biographical note, a photograph and an abstract of your lecture as soon as possible, but in no case later than by 1 March 2025 (speakers are requested not to exceed the aforementioned deadline) |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
|  |                   |  |  |  |  |
| Lecture title  |                   |  |  |  |  |
| photograph of the speaker  | Biographical note |  |  |  |  |
|  |                   |  |  |  |  |
| Abstract of the lecture  |                   |  |  |  |  |
|  |                   |  |  |  |  |

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