



Application Form

for Patients, Relatives and Other Medical Non-Professionals

Participant

Name / Surname*	<input type="text"/>	Date of Birth	<input type="text"/>
Address*	<input type="text"/>	Zip Code/City*	<input type="text"/>
Phone / Mobile*	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>	Profession	<input type="text"/>

Invoice Address if Different from the Participant's Address:

Invoice Recipient	<input type="text"/>	Added to Address	<input type="text"/>
Address	<input type="text"/>	Zip Code/City	<input type="text"/>

I hereby register for the following event / -s to:

I bring the following knowledge with:

* Required

For all options, including payment tick one box.:

In case my requested event(s) should already be booked out, I ask for inclusion on the waiting list. I'll like to be informed about a new event date.

Yes No

I agree that my name and address are made available on request of other training participants. I can withdraw the usage of this information at any time in writing - without charge - and lock, correct, delete or revoke my stored specifications.

Yes No

I want to receive for free via Email news about events offered by IAB Academy and enroll additionally for marketing Email. I consent to process and usage of my data, such as name, address, date of birth, job title and business address to customers purposes collected automatically,

Yes No

Payment Details:*

In Advance Payment on Site(+20%)

I understand that payment in advance only is possible with a valid debit authorization! For booking single events the form "debit authorization and a SEPA Core Direct Debit mandate for unique load-rules" must be used.

I can revoke this direct debit authorization (debit mandate) at any time.

I agree with the eligibility requirements. The payment of the registration fee should be done one month prior to the event. For later applications, the prices are those of the payment on site.

The notice concerning the right of withdrawal for online shopping to consumers and the withdrawal form is available on the website www.iabnetz.de to find as well as a link to your online registration confirmation and in the annex under "Registration for the IAB Events / Courses" your registration confirmation and invoice.

I have been informed under legal obligation to ensure that in case of cancellation or non-attendance I have to cover the costs.

The general terms and conditions (GTC) to participate in training courses I have taken note of and accepted.

I have taken note of the notice concerning the right of withdrawal for Online Shopping to consumers.

The confidentiality agreement for students of IAB Academy I will sign before the course starts.

Date / Signature of the Participant*

Date / Signature of Invoice contractor (if different)

* Required

You get with your training documents, a separate booking and confirmation Receipt.