



Application Form

for Physicians and Health Professionals

Participant

Private

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

Business

Business Name	<input type="text"/>	Department	<input type="text"/>
Address.	<input type="text"/>	PLZ / Ort	<input type="text"/>

Invoice Address if Different from the Participant's Address:

Business Name	<input type="text"/>	Department	<input type="text"/>
Invoice No.	<input type="text"/>	Zip Code/City	<input type="text"/>
	<input type="text"/>		

I hereby register for the following training /course/ -s to:

<input type="text"/>
<input type="text"/>
<input type="text"/>

I bring the following knowledge with::

<input type="text"/>
<input type="text"/>

* Required

For all options, including payment tick one box.:

The copy of my license to practice / my professional diploma / my current training contract is already available. (ONLY required when registering for courses, which may be visited only by physicians and health professionals or for training candidates for IAB Specialist in Movement Disorders)

☐ Yes ☐ No, it is annexed to the application.

I have done a personal consultation with the IAB study counseling.

☐ Yes ☐ No

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%) ☐ Payment by installments

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. For ongoing courses and training candidates the form "Direct debit authorization and a SEPA Core Direct Debit Mandate for recurrent payments" is obligate. An installment payment is only possible for students to IAB Specialist in Movement Disorders.

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 instruction to collect monthly payments are measured at the 2nd of the month, the examination fee after completion of training.

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.

IAB

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