**PERSONAL INFORMATION**

#### First/given name:

#### Last/family name:

Birth date:

*Gender:* **female** **male**

Citizenship:

Address:

Email Address:

Phone number:

Identity card number:

Passport number:

Social security number (TAJ):

**OCCUPATION INFORMATION**

Job Title:

Department:

Name of Institution:

City:

Country:

### PAYMENT INFORMATION:

### After sending your registration form by email, please wait for receiving your invoice first. Only after you received your invoice transfer the registration fee. The registration fee must be paid via bank transfer. Transfer data will be provided during email communication.

**INVOICING INFORMATION (REQUIRED)**

Every participant will get an invoice. In the fields below provide all the necessary information. Please note that for companies within the European Union with a valid EU VAT number the price will exclude VAT, in all other cases the VAT is 27%.

***Name of the participant:***

***Invoicing name:***

***Address:***

***Bank account number*** *you plan to transfer the registration fee from (this is required for payment identification and in case of refunds):*

***VAT number/EU VAT number:***

**CONFIRM REGISTRATION TYPE**

**Health economic aspects of pharmaceutical R&D decisions**

COURSE DATE: 9 – 12 January 2024, 9 AM-4 PM

|  |  |  |
| --- | --- | --- |
|  |  | **Prices** |
| ***public* & *academic sector*** |  |  |
| *on-site participation* | 800 € (+ 27% VAT) |
|
| ***private sector*** |  |  |
|
| *on-site participation* | 1200 € (+ 27% VAT) |
|  |  |  |

Please note that for institutes and companies within the European Union with a valid EU VAT number the price will exclude VAT, in all other cases the VAT is 27%.

**Registration deadline:**  **15 december 2023**

**Location:** **Beznák Aladár Room, Basic Medical Science Center, Semmelweis University ,**1094 Budapest, Tűzoltó street 37-47.

**CANCELLATION POLICY**

A full refund of course fees will be made for cancellations received in writing at least 10 calendar days prior to the courses. Cancellations made less than 10 calendar days prior to the workshops are non-refundable.

**SUBMIT THIS FORM**

(One form per person)

To: Dóra Czintula and Csaba Istvánfi, Center for Health Technology Assessment

By e-mail: [**hta@semmelweis.hu**](mailto:hta@semmelweis-univ.hu)

**Thank you for your application!**