**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 to the following account:

**Account holder:** Semmelweis Egyetem

**Bank account number**: 10032000-00282819-00000000

**IBAN:** HU51100320000028281900000000

**Swift:** HUSTHUHB

In the comment part of the transfer please indicate the **name of the applicant.**

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

Bank account number:

**INVOICING INFORMATION**

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 (if applicable):*

*Invoicing name:*

*Address:*

*VAT number/EU VAT number:*

**CONFIRM REGISTRATION TYPE**

**Applied health economics: Evidence-based pharmaceutical policy decision-making in lower-income European countries**  
(17-20 February 2025, 9 AM-4 PM)

|  |  |  |
| --- | --- | --- |
|  |  | **Prices** |
| ***public and academic sector*** | *on-site participation* | 700 € + 27% VAT |
|
|
| ***private sector*** | *on-site participation* | 1400 € + 27% VAT |
|

**Registration deadline:** **1 February 2025**

**On-site participation:** B52 Building, Semmelweis University, H-1085 Budapest Baross u 52,

Ground level, Digital skill laboratory (seating is limited)

**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, Center for Health Technology Assessment

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

**Thank you for your application!**