



**European Society of Endocrinology (ESE)
Macedonian Endocrine Society (MES)**

3rd ESE Postgraduate Course in Clinical Endocrinology

**March 20-22, 2007
OHRID, MACEDONIA**

REGISTRATION AND ACCOMMODATION

**Registration fee:
€50**

Name: _____
Family Name: _____
E-mail: _____
Phone number: _____
Hospital or institution: _____
City: _____
ZIP code: _____
Country: _____

To complete the
registration process
fax this form to:

++389 2 3129027

Accommodation:
FROM: _____; TO _____

Type of room:

SINGLE

DOUBLE

I will share my room with: _____

Hotel Bellevue ****

Hotel Metropol****



Payment

1. Credit card:

Type of credit card: Visa Master Card American Express

Number: _____

Expiry Date: _____ / _____ (mm/yy)

Name as shown on the card: _____

2. Bank Transfer

Albatros - Travels Skopje

Komercijalna Banka Skopje

IBAN Mk07300701001823373

SWIFT KOBK MK 2X