



**BeHRA**

Belgian Heart Rhythm Association

# 4<sup>th</sup> Belgian Heart Rhythm Meeting “Arrhythmias for every Cardiologist”

Sheraton Brussels Airport Hotel and Congress Centre  
Brussels, 30<sup>th</sup> September and 1<sup>st</sup> October 2010

**Please complete and return this form  
to the BHRM Organising Secretariat  
at the latest by September 23<sup>rd</sup> 2010:**

**Downtown Europe**

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Email [bhrm@downtowneuropa.be](mailto:bhrm@downtowneuropa.be)

## REGISTRATION FORM

Prof       Dr       Mr       Ms

Surname \_\_\_\_\_ First name \_\_\_\_\_

Organisation/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**I will attend the 4<sup>th</sup> BeHRA Meeting as follows:**

- Thursday 30<sup>th</sup> September 2010       Yes       No
- Friday 1<sup>st</sup> October 2010       Yes       No

**Registration fee**

- BeHRA members      75 EUR
- BeHRA non members      100 EUR
- Students, fellows, allied professionals      25 EUR

I will pay by bank transfer to the order of 'Downtown Europe',  
Account No 363-0181313-60 at ING Bank, Brussels, Belgium.

**Please indicate your name in reference to the payment!**

My registration fee is sponsored by \_\_\_\_\_ (name of sponsor company)

**I will also attend the Gala Dinner:**

Thursday 30<sup>th</sup> September 2010       Yes       No

Special diet: \_\_\_\_\_

Dinner fee      100 EUR

I will pay by bank transfer to the order of 'Downtown Europe',  
Account No 363-0181313-60 at ING Bank, Brussels, Belgium.

**Please indicate your name in reference to the payment!**

My dinner fee is sponsored by \_\_\_\_\_ (name of sponsor company)

Signature \_\_\_\_\_ Date \_\_\_\_\_