



BeHRA  
Belgian Heart Rhythm Association

# 2<sup>nd</sup> Belgian Heart Rhythm Meeting 'Arrhythmias for every Cardiologist'

**2 - 3 - 4 October 2008**

**Sheraton Brussels Airport Hotel and Congress Centre**

Please complete and return this form to the BHRM 2008 Organising Secretariat :  
Downtown Europe, Av. de la Chasse 198 Jachtlaan, B-1040 Brussels, Belgium  
Tel : +32.(0)2.732 35 20 - Fax : +32.(0)2.736 89 30 – E-mail : [BHRM2008@downtowneuropa.be](mailto:BHRM2008@downtowneuropa.be)

REGISTRATION FORM

Prof     Dr     Mr     Ms

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

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

Address \_\_\_\_\_

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

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**I register to attend the 2<sup>nd</sup> BeHRA Meeting as follows :**

Thursday 2<sup>nd</sup> October 2008     Yes     No  
ECG training course     FR     NL

Friday 3<sup>rd</sup> October 2008     Yes     No  
Parallel Pediatric Session     Yes     No

Saturday 4<sup>th</sup> October 2008     Yes     No

**Registration fee :**

- BeHRA members ..... 75 EUR
- BeHRA non members ..... 100 EUR
- Pediatric Session ONLY ..... 50 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 also register to attend the Gala dinner :**

Friday 3<sup>rd</sup> October 2008     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 \_\_\_\_\_