

## DESCRIPTION RESIDENT/RESEARCHER

In order to be entitled to the reduced participation fee, please return the completed form with your company stamp and signature to the following e-mail address. (<u>anmeldung@med-management.ch</u>)

FORENAME	
SURNAME	
DATE OF THE EVENT	
EMPLOYER	
ADDRESS EMPLOYER	
TELEPHONE FOR	
ENQUIRIES	
DATE OF THE EVENT EMPLOYER ADDRESS EMPLOYER TELEPHONE FOR	

date, signature

**Personnel Service Employer & Stamp**