**Dutch Liver Retreat 2025, February 6-7, Lunteren**

**On-site registration**

|  |  |  |
| --- | --- | --- |
| Title |  |  |
| Initials |  |
| First name |  |
| Surname |  |
| NVH member | yes / no\* |
| Home address |  |
| Zip code / City |  |
| Function |  |
| Institute |  |
| Department |  |
| Address |  |
| Zip code / City |  |
| Telephone number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Overnight stay |  |
| Share room with\*\* |  |

*\*\* Please send the registration form together with your roommate.*

|  |  |
| --- | --- |
| Special diet wishes |  |

|  |
| --- |
| **Registration fee**\*\*\* |
|  | NVH member - Registration incl. single room | € 325,00 |
|   | NVH member - Registration incl. double room | € 250,00 |
|  | NVH member - Registration without overnight stay | € 275,00 |
|  | Non-member - Registration incl. single room | € 400,00 |
|  | Non-member - Registration incl. double room | € 325,00 |
|  | Non-member - Registration without overnight stay | € 285,00 |

*\*\*\* Indicate as appropriate*

**Payment with direct debit (automatische incasso) only.**

By signing below, you authorize the “Nederlandse Vereniging voor Hepatologie” to withdraw the registration fee from your account

**IBAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Name and initials of the account holder: Signature:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*More information about registration:*Secretary of the “Nederlandse Vereniging voor Hepatologie” | Postbus 657, 2003 RR Haarlem

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