Application

32nd PTA course - Belan days

22. – 23. 11. 2022

**Czech Society of Interventional Radiology CLS JEP**

**Department of Radiodiagnostics and Interventional Radiology IKEM**

**Professor Josef Rösch Foundation**

Company (billing address):

……...………………….……………………………………………………………………...

Correspondence address: …………………………………………………………………

Responsible person: …………… …………………………………………………………………………………………………

Tel: …………………….. Fax: …………….…….. E-mail: ……………………………..

ID : ………………............. VAT : …………………………………….

**The fee for the exhibition area is 35 000,-- Kč (4m2)**

The price is final, Professor Josef Rösch Foundationis not a VAT prayer.

Bank connection:

ČSOB, Prague 4

Account No. : 194680066/0300

VS: invoice number (after receiving your application we will send you an invoice)

Please, send the application to this e-mail address:

jana.spackova@ikem.cz