

REGISTRATION FORM for Herscu- Seminar 2024 in Freiburg

Please complete in full:

I am filling out this form in order to register for the Paul Herscu 2023 Case- Conference in Freiburg/ Germany **November 7th to November 10th** "Follow ups".

First Name (Given Name): _____

Last Name (Family Name): _____ Degree (if any): _____

Medical doctor ND/ Heilpraktiker/ Naturarzt

E-Mail (please double check to confirm correct): _____

Street Address: _____

City/Town: _____

Zip/Post Code: _____

State: _____

Country: _____

Phone Number: _____

Location & year(s) I have studied with Dr. Herscu: _____

How did you hear about this Conference? _____

I am vegan vegetarian have special food intolerances _____

I have already paid €560 for the seminar via bank transfer

Conditions of Participation:

Registration for the respective seminar becomes valid through the confirmation of registration by the organizers. Complete cancellation is possible until 4 weeks before the seminar with 25€ handling charge. In cases of later cancellation, the full fee shall be retained. Visual recordings and audio recordings are prohibited. All information about patients is subject to strictest professional medical confidentiality. All violations will be prosecuted. The organizers are not liable for material damage or personal injury.

I have read and understood the conditions of participation and agree to these conditions.

Date: _____

Registrant's Signature: _____