

**REGISTRATION FORM SEMINAR**

I hereby register for the LNBM/NGB seminar “**Operations Research and Health Care**”, which will be held in Conference Center “De Werelt”, Lunteren, January 14, 2010.

**Family name:** .....

**First name:** .....

**Title:** ..... **Male / Female**

**Company/Institute:** .....

**Address:** .....

**Postal Code:** ..... **City:** .....

**Telephone number:** ..... **E-mail:** .....

**Date:** ..... **Signature:** .....

**Below, please tick the appropriate box:**

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*I am:*

*LNMB/NGB member (Registration fee €75):*

*Other (Registration fee €125):*

**FEE PAYMENT INSTRUCTIONS WILL BE SENT TO YOU AFTER REGISTRATION**

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**Send the registration form before January 3, 2010 by regular mail or e-mail or by fax to**

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