1st Mayo Clinic - Vall d'Hebron NEPHROLOGY UPDATE



Barcelona September 5th-6th, 2025

Venue:
Auditorium. Vall d'Hebron Institut de Receca

__ REGISTRATION FORM _____

Personal Details Family Name: ______ National Identity Card: ______ Hospital: _____ City: _____ Country: ______ Phone: ____ E-mail: _____

Registration Fee

250 € + 21% VAT

Method of Payment

Bank transfer to: Mundicongres, S.L. IBAN: ES94 0049 5160 7321 1611 2888

SWIFT: BSCHESMM

Note: Transfer issuance fees must be payed by attendees

Cancelations and Refunds

The Technical Secretariat must be notified of all cancellations in writing. Cancellations performed before July 1^{st} will receive 100% reimbursement. Cancellations performed between July 1^{st} and August 1^{st} will receive 50% reimbursement. After August 1^{st} cancellations will not be accepted.

Return this Application Form duly completed to the Technical Secretariat

Mundicongres, S.L.

C/Iturbe, 5 - 3ºB. 28028. Madrid. Spain E-mail: mundicongres@mundicongres.com