



Cephalon technical course sign up

Please select the course of your choice (X)

- NicOne Basic EEG-B07
- NicOne Advanced EEG-A07
- Keypoint EMG/EP EMG-07K
- Synergy EMG/EP EMG-07S

Participant info:

Name	
Email	
Contact phone	
Hospital	
Address	
Zip - city	
Country	
EAN / Ref. no.	

Invoice details: Same as participant

Name	
Email	
Contact phone	
Hospital	
Address	
Zip - city	
Country	
EAN / Ref. no.	

I am aware of cancellation fees. (see training invite)

Hotel booking: 26-29/9 Other dates: _____

food allergies/other info: _____

Date: _____

Signature: _____

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Please return to michael.jensen@cephalon.eu no later than 1/7 2017