



## REGISTRATION FORM

**Workshop: Clonality assessment in pathology  
Nijmegen, The Netherlands, February 19-21, 2018**

### Coordinators

**Dr. P.J.T.A. Groenen, Prof.dr. F. Fend, Dr. A.W. Langerak**

Institution

Department

Local address

Zip code, City

Country

### Pathologist

Last name

Initials

Mrs./Mr

Title

Tel

Fax

E-mail

### Molecular biologist

Last name

Initials

Mrs./Mr

Title

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E-mail

### Presentation cases

#### Case 1

Specify differential diagnose and/or pathology **Please fill in.**

Specify details/problems on clonality analysis **Please fill in.**

#### Case 2

Specify differential diagnose and/or pathology **Please fill in.**

Specify details/problems on clonality analysis **Please fill in.**

### Case 3

Specify differential diagnose and/or pathology **Please fill in.**

Specify details/problems on clonality analysis **Please fill in.**

### Presentation clonality assessment problems

Specify problems **Please fill in.**

Registration Amount due: € 225 each person to be paid before December 15, 2017\*  
Name account holder: UMC St Radboud  
Account number: 23.12.09.983  
Name bank: abnamro  
Address bank: Daalsesingel 71, 3511 SW Utrecht  
IBAN code: NL90ABNA0231209983  
BIC code: ABNANL2A  
Specification: F000033: Biomed (please don't forget to mention this number)

When we do not receive your payment before this date or you haven't send in cases you will not be accepted.

In case of cancellation registration fees will not be refunded.

Please send back this form to the Workshop Secretariat before October 13, 2017.

### Workshop Secretariat

Radboud university medical center

Department of Pathology (824 PA)

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