



WVEPAH

World Veterinary Education
in Production Animal Health

Registration Form

WVEPAH
Office Germany
Schadtengasse 2
55765 Birkenfeld,
Germany
Fax: +49 6782 4314
www.wvepah.org
info@wvepah.org

Course Title: DATE:

PERSONAL INFORMATION: Mr. Mrs. Ms.

Name (as in your passport): First Name: Your title (Dr / Prof / etc.):

E-mail Address: VAT number:

Date of birth (DD.MM.YYYY): Place of birth: Country of birth:

Citizenship: Second citizenship:

Street, Number: Postcode:

Town: Country:

Has your residence changed in the course of the last 6 months? Yes No

Former postcode: Country:

Name of person to contact in case of emergency:

Phone in case of emergency (including international call prefix):

EDUCATION:

Secondary Education (School you have attended before University):

Name of Institution: Country:

Kind of degree: Exact title of the degree:

Specialization, course: Year awarded:

University in which you were enrolled:

Name of University: Type of University:

Exact title of the degree: Year awarded:

LANGUAGES:

(1) _____ : _____

(2) _____ : _____

(3) _____ : _____

PAYMENT INFORMATION:

To secure a position in the course a deposit payment of 300,00 Euros (350,00 USD) is required. See "Terms and Conditions".

Payment of fee by a credit card (MasterCard or Visa)

DEPOSIT ONLY: (remaining payment will be deducted at the very latest on the first day of the course)

FULL PAYMENT: (full payment will be deducted at the time of registration)

Credit Card Holder's Name: Signature:

Card Number: _____ Expiry Date: ____/____/____

Control Number* _____ (* Last three numbers on the back of the card next to the signature)

Payment by Bank Transfer:

(Please do not make payment until you are informed of a place in the course (place available), otherwise this will result in an administration charge if payment has to be refunded. Account Holder: **WVEPAH**, Bank Name & Address: **BIL, 69, route d'Esch; L-2953 Luxembourg**

For Payment in EURO: BIC: BILLULL IBAN: LU95 0028 5100 2301 0300

For Payment in USD: BIC: BILLULL IBAN: LU62 0026 5100 2301 0800

DEPOSIT ONLY: (remaining payment is due at the very latest on the first day of the course)

FULL PAYMENT: (full payment will be made at the time of registration)

Please make sure that any additional bank charges are included in the payment and not charged to the WVEPAH and that the invoice number is written on the transaction.

Dietary Requirements: Vegetarian Non-Vegetarian Other: _____

Where did your interest in the WVEPAH courses originate from?

- WVEPAH website
- Mailing from WVEPAH
- Other internet pages
- Advertisement in vet journals.
- Colleague recommendation
- Information at congress : _____
- Other : _____



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Please provide us with the following documents so we can take care of your enrollment at the University of Luxembourg:

1. Personal Identification

- One passport photo
- One copy of your passport or personal identification card

2. Evidence of academic background

- One certified true copy of your university degree - and a copy of the translation of your degree if the latter is written in a language other than English, French, Spanish or German.

3. Evidence of health insurance

- A copy of your national or European health insurance card or private health insurance for non-Europeans valid for the full course semester.

4. Evidence of required professional environment and position

- Name and type of practice, company or institution.

Terms & Conditions Extract - For Full Terms & Conditions please Visit our Website at: www.wvepah.org

Payment of Fees: The course tuition fee includes: your place in the course, lunch, coffee breaks, course notes. The tuition fee does not include accommodation or transportation. The WVEPAH office will provide a list of hotels where special prices have been negotiated. The tuition fee and/or the Certificate / Master Program annual payment must be paid in advance. You may choose to pay by credit card or bank transfer. Applications for courses are registered according to the order in which full payment of the tuition fee is received, as the number of participants per course is limited. The WVEPAH reserves the right to decline a registration without further explanation. **Credit Card and Bank Transfer:** to secure a position in the course a minimum payment of € 300 is required. This deposit is required within 10 days after you have been informed that you have a place in the course by the WVEPAH Office. The remaining balance of the tuition fee is due prior to the course start date, at the very latest on the first day of the course and can be paid in cash at the course location to the WVEPAH representative. The reservation and the deposit will be lost if the full amount has not been paid within the stated period.

Annulations: In the event of a cancellation made less than 4 weeks (30 days) before the course starts, a no-show situation or a cancellation during the course, no refunds will be granted. The WVEPAH reserves the right to retain 50% of the payment received, if the cancellation is made at 4 weeks (30 days) prior to the course. Cancellations made prior to 4 weeks before the course starts will incur a € 85 administration charge. Tuition fees will be fully reimbursed if a course is cancelled by the WVEPAH. Fees can be transferred to another course but cannot be refunded for either cash or goods, unless a separate agreement has been made in writing with the WVEPAH office. This may incur an administrative charge. No further claim can be raised thereafter. The Master or Certificate Program annual payment and examination fees are non-refundable.

Other: The WVEPAH does not provide individual insurance for participants attending their courses. Participants of the WVEPAH courses are required to hold a valid health insurance or any other travel insurance policy. All WVEPAH course dates, locations and structure are subject to change up to 6 weeks prior to the courses starting. The WVEPAH does not accept responsibility for monetary loss paid by participants to other organizations.

Copyright: All material the WVEPAH offers for its courses are, unless otherwise stated, the property of the WVEPAH and the course masters.

With my signature and/or payment I agree to the WVEPAH [Terms and Conditions \(www.wvepah.org\)](http://www.wvepah.org) and give data consent in accordance with the WVEPAH [Privacy Policy \(www.wvepah.org\)](http://www.wvepah.org)

I have read and accept the terms and conditions

Please return this registration to the WVEPAH Office in Germany
by email: info@wvepah.org

Date / Place

Participant Signature