



**The Charles E. Holman
Morgellons Disease Foundation**

Registration

The **Charles E. Holman Morgellons Disease Foundation** in collaboration with the **BCA-clinic** presents:

**1st Annual European Medical-Scientific Conference on Morgellons Disease,
20th October 2018, Augsburg, Germany**

Please return the signed application form to:

- E-Mail: info@bca-academy.com
- Fax: **+49 (0) 821 455 982 16**

Name of the participant: _____
Name of practise: _____
Street: _____
Post code and city: _____
Country: _____
Email: _____
Phone number: _____

Further participants: _____

- Herewith, I confirm that I will be attending the Morgellons Conference in Augsburg, Germany on 20th October 2018 and that my registration fee has been / will be paid via PayPal or bank transfer.

Registration fees including coffee break, snacks and a 3-course lunch buffet:

65 €: Patients
125 €: Physicians: early bird until 28th July 2018
150 €: Physicians: 29th July to 1st October 2018

Payment options:

- **Paypal:**
Please click [here](#)
- **Bank transfer**
Name of bank: Kreissparkasse Augsburg
IBAN: DE48 7205 0101 0000 0198 85
BIC: BYLADEM1AUG
Subject: **Name of the participant / Conference 20.10.18**

The conference will be held in English.

Cancellation policy:

Cancellations until 23rd August 2018 50% refund. Cancellations after 23rd August 2018 no refund.

Location: Ringhotel Alpenhof, Donauwörther Str. 233, 86154 Augsburg, Germany

Phone: +49 821/ 42040, email: info@alpenhof-hotel.de

- Yes, I agree that the BCA-clinic Betriebs GmbH & Co KG can store my contact details in order to occasionally keep me informed about **news, conferences, events or other updates**. I am aware that I can revoke my consent at any time by contacting the BCA-clinic Betriebs GmbH & Co KG.

Date: _____ Signature: _____