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# ATTENDANCE REGISTRATION FORM

Please fill in and send back before 31 May 2027, to Prof. Katrien Lagrou, KU Leuven, Tel: +32 16 34 70 98  
email: [margaretha.charlier@uzleuven.be](mailto:margaretha.charlier@uzleuven.be) - post: UZ/KU Leuven campus Gasthuisberg, Herestraat 49, 3000 Leuven

## Specialization Course in Medical Mycology

**9 day course: Monday 30 August -  
Thursday September 9, 2027**

at the KU Leuven Campus Gasthuisberg,  
Herestraat 49, 3000 Leuven,  
O&N ALO

**REGISTRATION IS REQUIRED – thank you for sending us back this form**

|                    |  |
|--------------------|--|
| First name         |  |
| Last name          |  |
| Institution        |  |
| Department         |  |
| Postal address     |  |
| Post code + city   |  |
| E-mail address     |  |
| Training           |  |
| Current employment |  |

"I hereby acknowledge that I have read and understood the terms and conditions as provided in the 'KU Leuven Continuing Education - General terms and conditions for registration', available [here](#) and I agree to all of the terms." By registering, I agree that the contact information I provide will be used to contact me in the context of this training / event and for all useful follow-up.

### REGISTRATION FEE

Payment fee: 2000 €

Do you prefer payment by invoice or by bank transfer ? Please indicate below.

Invoice

[https://admin.kuleuven.be/fd/intranet/en/sales\\_revenues/ebilling/electronic\\_invoices](https://admin.kuleuven.be/fd/intranet/en/sales_revenues/ebilling/electronic_invoices)

e-mail address where invoice can be sent to: .....

Bank transfer to KBC account number BE60 7340 0666 0370

with reference: 400/0008/19788

☐☐

**Registration is only valid after payment.**

**For more informations on the course:** Prof. Katrien Lagrou : [katrien.lagrou@uzleuven.be](mailto:katrien.lagrou@uzleuven.be)

Prof. Marie-Pierre Hayette : [mphayette@chuliege.be](mailto:mphayette@chuliege.be)