

German Cancer Research Center (DKFZ)  
Division of Medical Physics in Radiation Oncology, E040  
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Course Website: [www.dkfz.de/partikelkurs-hd](http://www.dkfz.de/partikelkurs-hd)

## Courses in the Field of Particle Therapy, course types 1b OR 2b, Oct./Nov. 2024

- I hereby register with binding effect for the **Course type 1b: Hybrid Specialized Course Particle Therapy (ST5) for MPEs (18 TUs)**. Online Phase: Oct. 14<sup>th</sup> – Nov. 24<sup>th</sup> 2024; Hybrid Attendance Phase: Nov. 28<sup>th</sup> – Nov. 29<sup>th</sup> 2024  
Regular fee: €300/ reduced fee for Heidelberg Members (members of the Division of E040 (DKFZ), Division of Radiooncology and Radiation Therapy (University Hospital Heidelberg) or HIT): €250
- OR**
- I hereby register with binding effect for the **Course type 2b: Hybrid Teaching Course Particle Therapy, including Specialized Course (ST5) for MPEs (33 TUs)**. Online Phase: Oct. 14<sup>th</sup> – Nov. 24<sup>th</sup> 2024; Online Sessions on Zoom: Nov. 25<sup>th</sup> – Nov. 26<sup>th</sup> 2024; Hybrid Attendance Phase: Nov. 28<sup>th</sup> – Nov. 29<sup>th</sup> 2024  
Regular fee: €450/ reduced fee for Heidelberg Members (members of the Division of E040 (DKFZ), Division of Radiooncology and Radiation Therapy (University Hospital Heidelberg) or HIT): €390

### Private address

Ms.       Mr.       Others      Title \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Place of birth \_\_\_\_\_ Invoice address (if different)

Country of birth \_\_\_\_\_ Company: \_\_\_\_\_

Street and No. \_\_\_\_\_ Division \_\_\_\_\_

ZIP code \_\_\_\_\_ Street and No. \_\_\_\_\_

City \_\_\_\_\_ ZIP code \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

- I will pay the **regular fee** after receiving the invoice.
- I will pay the **reduced fee** for **Heidelberg Members** (e.g. members of the Division of E040 (DKFZ), Division of Radiooncology and Radiation Therapy (University Hospital Heidelberg) or HIT) after receiving the invoice and I have used my business e-mail address (with @dkfz-heidelberg.de or @med.uni-heidelberg.de) on this form.

I attend the course...

- 100% virtually.      **OR**       online and on site in Heidelberg on Nov. 28<sup>th</sup> – Nov. 29<sup>th</sup> 2024.

**A subsequent change of course participation from on-site to 100% virtually is only possible upon request by e-mail.**

Please inform us by e-mail about any changes to your above given data.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature

**Please send us the registration form fully filled in and signed (2 pages) by e-mail ([spezialkurs.partikeltherapie@dkfz.de](mailto:spezialkurs.partikeltherapie@dkfz.de)) or fax +49 (0) 62 21/42-2561. We are going to confirm the receipt by e-mail to your above given e-mail address.**

## Cancellation Policy

Please note our cancellation policy: cancellations require the written form (e-mail or letter, contact details see page 1). Cancellations until Sep. 30<sup>th</sup> 2024 result in a €50 fee for administrative costs. Cancellations after Oct. 1<sup>st</sup> 2024 are non-refundable. It is possible to appoint a substitute, however, administrative costs of €50 are due. If the number of registrations is too low by Sep. 06<sup>th</sup> 2024, we reserve the right to cancel the course if necessary.

## Information on Attendance

To successfully complete the course, participation in all live sessions of the respective course program via Zoom or on site in Heidelberg is mandatory. The exact days and times of the sessions are specified in the respective course program, which is available on the course website [www.dkfz.de/partikelkurs-hd](http://www.dkfz.de/partikelkurs-hd).

## Privacy Policy:

The protection of your personal data is very important. Therefore, we would like to inform you about how it is processed.

The data collected in the registration form are necessary – if not marked as optional – to organize the “Courses in the Field of Particle Therapy, October/November 2024” and for your individual support.

The data collected by the organizer (DKFZ, HIRO) in the registration form will be processed and stored by it.

The course is offered in cooperation with Heidelberg University, heiSKLISS Center, Department Postgraduate Scientific Studies, Germany (<https://www.uni-heidelberg.de/wisswb/>). Therefore, the organizers will forward the registration form data by e-mail to the Department „Postgraduate Scientific Studies”. The Department „Postgraduate Scientific Studies” of Heidelberg University follows the data processing in accordance with the privacy policy of Heidelberg University, which is based on the General Data Protection Regulation (GDPR; [https://www.uni-heidelberg.de/datenschutzerklaerung\\_web.html](https://www.uni-heidelberg.de/datenschutzerklaerung_web.html)).

As part of the cooperation, the Department „Postgraduate Scientific Studies” is responsible for the following:

- **Invoice:** The Department „Postgraduate Scientific Studies” of Heidelberg University issues the invoice. The course organizers forward the invoice by e-mail to each participant.

In principle, the privacy policy of the DKFZ applies. It is available at the following link:

<https://www.dkfz.de/en/data-privacy-protection.html>

### Mandatory:

- With my signature I confirm that I have noticed that my registration is binding and payment is due by the date given on the invoice.
- On page 1 of the booking form I have selected that I will participate either 100% virtually or on site in Heidelberg. With my signature, I confirm this selection and confirm that I can only change this selection upon request by e-mail to [spezialkurs.partikeltherapie@dkfz-heidelberg.de](mailto:spezialkurs.partikeltherapie@dkfz-heidelberg.de).
- I have read and understood the technical requirements for the course that I can download from the website [https://www.dkfz.de/en/medphys/education\\_and\\_training/dateien\\_ptk/partikelkurs\\_en.html](https://www.dkfz.de/en/medphys/education_and_training/dateien_ptk/partikelkurs_en.html). With my signature I confirm that I meet all technical requirements for participating in the course.
- I have read the information on attendance on this page and confirm this with my signature.
- With my signature I confirm that I have read the cancellation policy on this page.
- With my signature I confirm that I have read the privacy policy on this page.

### Optional:

- I would like to be informed by e-mail about further courses offered by the DKFZ / HIRO in the field of radiotherapy.

How did you know about this event (e.g. via the Medical Physics Newsletter or the EFOMP Newsletter, a calendar of events, by e-mail, DKFZ social media or other marketing activities)?

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Place, Date

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Signature