

REGISTRATION



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Course Website: www.dkfz.de/partikelkurs-hd

Courses in the Field of Particle Therapy, course type 3, Oct./Nov. 2024

Online	e Phase: Oct. 1		ourse type 3 Hybrid Teaching Course Particle Therapy (37 TUs) Sessions on Zoom: Nov. 25 th – Nov. 26 th 2024; Hybrid Attendance Phase: Nov. 3' fee: €150
Private a	ddress		
□ 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 regul	ar fee after receiving the in	voice.
□ lama	a student and	pay the students' fee . The	e corresponding certificate is attached to my registration.
I attend th	ne course		
□ 100%	virtually.	OR	online and on site in Heidelberg on Nov. 28 th – Nov. 29 th 2024.
A subsec	quent change	of course participation f	rom on-site to 100% virtually is only possible upon request by e-mail.
Please inf	form us by e-r	mail about any changes to y	our 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) 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.



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Cancellation Policy

Please note our cancellation policy: cancellations require the written form (e-mail or letter, contact details see page 1). Cancellations until Sep. 30th 2024 result in a €50 fee for administrative costs. Cancellations after Oct. 1st 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. 06th 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.

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).

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

• <u>Invoice:</u> 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 .				
	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. With my signature I confirm that I me 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.				
Op	tional:				
	I would like to be informed by e-mail about further courses offered by the DKFZ / HIRO in the field of radiotherapy.				
	w did you know about this event (e.g. via the Medical Physics Newsletter or the EFOMP Newsletter, a calendar of events, by e- il, DKFZ social media or other marketing activities)?				
Pla	ce, Date Signature				