REQUEST FOR VISA

Please send the completed VISA request form per e-mail to: azmedinfo@media.co.at

We will then send your invitation letter for VISA application per e-mail.

Kindly note: we do not send any invitation letters without a valid congress registration.
Please register and apply early enough!

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Last name: * .....

Date of Birth: * .....

Passport number: * .....

Expiry Date: .....

Nationality: .....

Company: .....

Address: * .....

Postal Code: .....

Position: .....

E-Mail Adress .....

Press accreditation only:

Medical/ Scientific Journal: * .....

* obligatory

AZ CONGRESS SERVICE
ÄRZTEZENTRALE MED.INFO
Helferstorferstr. 4, P.O. Box 155
A-1014 Wien/Vienna, Austria
Tel.: (+43/1) 531 16-70
Fax: (+43/1) 531 16-61
e-mail: azmedinfo@media.co.at