**XL National Meeting.**  **Spanish Society of Pharmacology**

**Toledo 6-8 September 2023**

**Registration form.**

Send it, along with the transfer receipt to: socesfar@socesfar.es

**Surname and first name:**

**Department:**

**Institution:**

**Postal address:**

**Zip code:**

**Population: Province: Country:**

**e-mail: Phone:**

 **Registration fees**

|  |  |  |
| --- | --- | --- |
| Participant | Until May 31 | From June 1 |
| SEF Members (Ordinary) | 350,00 € | 450,00 € |
| SEF Members (Student) | 175,00 € | 250,00 € |
| Non-SEF Members (Ordinary) | 450,00 € | 550,00 € |
| Non-SEF Members (Students\*) | 225,00 € | 300,00 € |
| Accompanions | 100,00 € | 150,00 € |

**Inscription**

|  |  |  |  |
| --- | --- | --- | --- |
| **Concept** | **Quantity** | **Unit Price** | **Total price** |
| **Registration fee** |  |  |  |
| **Accompanying person** |  | 100 € |  |
| **Closure dinner** |  | 60 € |  |
|  | **Total registration** |  |

**How to pay:** Bank transfer to: Sociedad Española de Farmacología

**IBAN**: ES74 0075 0227 7006 0051 0915

*(Attach*  the *justification of payment to the registration form)*

I have read and accept the [legal conditions](https://www.socesfar.es/politica-de-privacidad/)

Administrative Secretary of the congress: Mar Morales - socesfar@socesfar.es

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