XLI National Meeting of the Spanish Society of Pharmacology

**Palma de Mallorca, 3-5 October 2024**

**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 June 5** | **From June 5** |
| **SEF Members (Ordinary)** | 400,00 € | 450,00 € |
| **SEF Members (Student)** | 200,00 € | 250,00 € |
| **Non-SEF Members****(Ordinary)** | 500,00 € | 550,00 € |
| **Non-SEF Members (Students\*)** | 250,00 € | 300,00 € |
| **Accompanions** | 150,00 € | 200,00 € |

**Inscription**

|  |  |  |  |
| --- | --- | --- | --- |
| **Concept** | **Quantity** | **Unit Price** | **Total price** |
| **Registration fee** |  |  |  |
| **Accompanying person** |  | 150 € |  |
| **SEF Congress 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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