

THE INTERNATIONAL
LIVER CONGRESS™



Dr. David Sergeenko C/o Minister 144 Tsereteli Ave. 0159 Tbilisi Georgia 19.03.2019
VAT number:
PO number:

EASL Austrian Fiscal Agent FISCHER Steuerberatung, GmbH Kärntner Ring 5-7, 4, Stock 1010 Vienna Austria

VAT number: ATU68850148

INVOICE Invoice No.: ILC1909694

Dear Dr. David Sergeenko,

Thank you for your registration to The International Liver Congress™ 2019 to be held from 10 to 14 April 2019 in Vienna, Austria. Your registration has been received and accepted as follows:

Participant	Ticket	Price
Dr. David Sergeenko	President's dinner, Delegate - non EASL member	€ 0.00

Total: € 0.00

VAT	Net	Gross	Amount VAT
10.00 %	0.00€	0.00€	0.00€

Dr. David Sergeenko <strong>Professional role</strong>:

Please select from below choice: <br/>
/>This information is collected for scientific and statistical research purposes. <br/>
<br/>
/>

purposes. <br/>Please specify<br/>

<b>Interest and expertise</b>: Please select from the below choice (multiple choice):<br/>br><br/>This information is collected for scientific and statistical research purposes. <br/>br>

<b>Participation:</b> Is this your first participation to The International Liver CongressTM?<br/>
<br/>br><br/>
This information is collected for marketing and statistical purposes. <br/>
<br/>
<br/>
<br/>
| Strict | Strict

<b>Agreement</b>: I agree to have my name displayed on the event participant list and ILC 2019

appShould you reply "No" to this question, EASL will remove your name from the participant list. If you reply

Other – Please specify

Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Public health

No

Yes



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"Yes", your name will be printed and displayed onsite under the country flag corresponding to your country answer. <br/>

<strong>Prescriber:</strong> Are you qualified to prescribe in your own country (=advise and authorise the use of (a medicine or treatment) for someone, especially in writing)? <br/>
/><This information is collected for CME and compliance purposes.</p>

Person to contact in case of emergency (full name)<br/>
tr>

Phone number (with dial code) < br>

Relationship type<br>

Will you need a transportation?<br/>

Please enter your mobile number incl. country code:<br/>
<br/>
<br/>
country code:<br/>
<br/>

Yes, I am qualified to prescribe

Sofiko Belkania

+995599223232

business

I will use the shuttle at 19.30 from the venue

+995599223232

This document was prepared electronically and is valid without signature.

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