



## Request for VISA

Please E-Mail with your information to [judith.kutnjak@ee-hsec.org](mailto:judith.kutnjak@ee-hsec.org), we will then send you the invitation letter.

**Title:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Sur name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Passport number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address of Company:** \_\_\_\_\_

**Position in the Company:** \_\_\_\_\_

**E-Mail address:** \_\_\_\_\_

---

**Course Director**

Stefano Benussi, University Hospital, Zurich, Switzerland

**Congress Secretariat and Registration**

HSEC GmbH & Co KG | Nobilegasse 23-25 | 1150 Vienna | Austria |

Phone: +43 (1) 867 49 44-0 | Fax: +43 (1) 867 49 44-9 | E-mail: [judith.kutnjak@ee-hsec.org](mailto:judith.kutnjak@ee-hsec.org)

[www.heart-team.org](http://www.heart-team.org)