

This form will be machine-read. Please fill in clearly in black or blue block letters.

Please be absolutely sure to check that all information is correct and amend or supplement it if necessary. The data will be used for your chargeable entry on [www.euromedi.eu](http://www.euromedi.eu).

1910443835 MD18003

CONTACT DETAILS	
Company name / name of the practice / practising physician	
Street / Number	
Postal code / City:	E-Mail / Website
Telephone / Fax	VAT number

MEDICAL SPECIALTY, MAIN FOCUS, TRADE
HAMMASHOITO
Reg. number

PRACTICE DETAILS
Tick as appropriate <input checked="" type="checkbox"/>
Opening hours
<b>Location and accessibility</b>
<input type="checkbox"/> Ground floor <input type="checkbox"/> Elevator <input type="checkbox"/> Parking space
<input type="checkbox"/> Wheelchair access <input type="checkbox"/> _____
<b>Spoken languages</b>
<input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Spanish
<input type="checkbox"/> _____

ADDITIONAL INFORMATION
Tick as appropriate <input checked="" type="checkbox"/>
<b>Appointments</b>
<input type="checkbox"/> By telephone <input type="checkbox"/> Online <input type="checkbox"/> Email
<input type="checkbox"/> By arrangement _____
<b>Home visits</b> <b>Acceptance of emergency patients</b>
<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Ultrasonic <input type="checkbox"/> ECG <input type="checkbox"/> EEG
<input type="checkbox"/> Endoscopy <input type="checkbox"/> Laser <input type="checkbox"/> _____

Order: We hereby confirm the accuracy of our company's data as per the information given above and we hereby place an order with DAD GmbH (EuroMedi) to publish them in a graphically highlighted form on [www.euromedi.eu](http://www.euromedi.eu) according to the general terms and conditions printed overleaf. We accept the entry's annual costs of 977 Euro, which are payable in advance upon receipt of the invoice. We acknowledge that the contract is valid for the next three years and subsequently will be automatically extended annually unless we provide a written notice requesting termination of the contract, this being no later than three months before the expiration of the contract's term. We are only able to revoke the contract by registered letter within fourteen days of the order date; whereby the date of postage is decisive. We authorize EuroMedi to use contents found on our website for the layout of our entry. We acknowledge Hamburg-Mitte as place of performance and jurisdiction and that German law is solely applicable. We confirm that prior to this order placement we had no business relationship with EuroMedi. We agree that our company's data will be stored electronically.

City, Date                      Legally binding signature / stamp