



## EBA – Burn Centre registration form

Use the TAB to go to the next field

You can send us your form by fax +31 73 690 1417 or by e-mail to eba@congresscare.com

### Hospital

<b>Name</b>		<b>Address</b>	
<b>Postal code</b>		<b>City</b>	
<b>Country</b>		<b>Website</b>	
<b>Telephone</b>		<b>Fax</b>	
<b>Emergency Tel</b>			

### Details Burn Centre

<b>Kind of Dpt.</b>	<input type="checkbox"/>	Burn Department	<input type="checkbox"/>	Burn Unit	<input type="checkbox"/>	Burn Centre
<b>Director</b>	Name		Tel		E-mail	
<b>Contact person (in case of disaster)</b>	Name		Tel		E-mail	
<b>Secretary</b>	Name		Tel		E-mail	
<b>Senior staff (Surgeons, Plastic Surgeons, Psychologists, Head nurse, Occupational therapists, etc.)</b>	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization
	Name		Tel		E-mail	Specialization



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### Details admission

Total beds		Artificial ventilation		Emergency beds		Yearly Admission	
Adults		With		Adults		Adults	
Children		Without		Children		Children	
Combination Adults/Children	/						

<b>Possibilities for trainees / fellowship</b>	<input type="checkbox"/>
<b>Notes</b>	