



Registration

ElectroMagnetic Radiation-Intervention Program (EMR-IP)

By completing this registration form and remitting the amount of **250 €** to one of the following accounts, I agree to participate in the EMR-IP/ HWV-Program and accept all terms.

ElectroMagnetic Radiation-Intervention Program (EMR-IP)

1	Mrs. Ms. Mr:
2	Title:
3	First name:
4	Last name:
5	Date of birth:
6	Profession:
7	Street/house number:
8	Postal code:
9	Town/City:
10	Country:
11	Email:
12	Primary phone number:
13	Daytime phone number:
14	Fax:
15	Additional information:

Trustee:

Account number:

Bank I.D.

For use of:

IBAN:

BIC:

Peter Albrecht - Steuerberater

260 030 203

430 700 24 Deutsche Bank

EMR-IP/H W V

DE 62 430700240 260030203

DEUT DEDB 430

Reiner Lang - Rechtsanwalt

1000101285 Stadtparkasse

701 500 00 München

EMR-IP/H W V

DE 82 70150000 1000101285

SSKMDEM

I understand that my personal and medical data will be used within the framework of EMR-IP. Information provided to EMR-IP is strictly prohibited by a third-party. Please sign and return to the EMR-IP. Participants under the age of 18 require guardian signature.

Signature

Date

Institute for Holistic Medicine (**EMR-IP**)

Franz-Wüllner-Strasse 39

81247 Munich

Germany

Tel.: **+49 89 829 40 302**

Fax: **+49 89 339 84 995**

E-Mail: info@emr-ip.org

Internet: www.emr-ip.org

