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## Ultrasound Registration Page

### Description

## Registration form

### Ultrasound Course, March 2026 DENTA & Å rhus University Hospital

First Name  Last Name  Title   
 Workplace  Which specialty are you in?  
 Email  Phone/Mobile   
 Address  City  Zip  
Code  Country

Dietary requirements  None  Vegetarian  Halal  Gluten-free  Lactose-free  Other Type your requirement

I have read and agree to the [terms and conditions](#).

I wish to subscribe to the DENTA newsletter. I grant this consent freely and have the right to withdraw it at any time.

Choose payment method  Credit card  EAN Invoice (Danish customers only) Choose your ticket  
 Will you be attending the course dinner?  Pay  
with Card Choose your ticket  Will you be attending the course dinner?  
 Virksomhedens navn  Virksomhedens adresse  
 Virksomhedens EAN-nummer  Virksomhedens  
reference

#### Date Created

March 14, 2023

#### Author

alexander