International Expert Meeting on ocular GVHD 2024 – 08./09.03.2024 (Cologne)



SPEAKER INFORMATION FORM

1. **Personal Information	**		
Name:			
Email:			
Phone Number:			
Assistant's/Secreta	ary's Contact Information:		
Presentation Title			
2. **Accommodation:**			
Do you need hotel accomm	nodation?		
[] Yes [] No		
Up to 2 nights are covered [] 07./08.03.2024 [] 08./09.03.2024 [] Other (please specific properties of the content of the cont		nights can be booked at your o	wn expense.
3. **Travel Details:** Arrival Date and T Departure Date ar			
4. **Dietary Preferences:* Are there any dietary pref [] No special dieta [] Vegetarian [] Vegan [] Gluten-free [] Other (please special	erences or restrictions we ry requirements	should be aware of during mea	als?
5. **Additional Notes or S (Free-text field)	pecial Requests:**		
6. **Consent for Publicity: I agree that my photo and		onference website and LinkedIr	n GVHD 2024 page
[] I agree [] I do not agree		
For any further inquiries, p	olease do not hesitate to o	contact:	
Yvonne Görzig (Ms.)			
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