

Cancellation form

If you want to cancel the contract, you can fill out this form and send it back to us:

To: Medizinische Congressorganisation Nürnberg AG
Neuwieder Str. 9
90411 Nürnberg
GERMANY

Fax: +49 (0) 911 / 39 31 6 – 72

E-Mail: mcn@mcn-nuernberg.de

I/we (*) hereby revoke the contract concluded by me/us (*) for the ordering of the following services:

Date of order (*): _____

Congress: _____

Name of Consumer/Consumers* : _____

Address of Consumer/Consumers* : _____

Signature of Consumer/Consumers (only if communicated on paper):

Date: _____

(*) Delete as applicable.