

# REGISTRATION TUTORIAL

1. Click the "register" button.

Lymphomas in Risk  
SBP&SH WORKSHOP 2026

ABOUT COMMITTEES CASES VENUE REGISTER

**THE DEADLINE FOR CASE SUBMISSIONS HAS BEEN EXTENDED**

SUBMISSIONS WILL NOW BE ACCEPTED UNTIL MARCH 9, 2026

**SUBMIT YOUR CASE**

STARTS IN **258 22 46 43**  
DAYS HOURS MIN. SEC.

2. Scroll down the page and click on "International participants: click here to register".

**Registration and Fees for International Attendees**

Category	Member Type	Until Aug 11th 2026	Until Oct 14th 2026	After Oct 14th and on site
SBP/SH member	SBP/SH member	USD 250,00	USD 300,00	USD 350,00
	SBP/SH Resident member	USD 180,00	USD 200,00	USD 230,00
Medical Student	Medical Student	USD 100,00	USD 130,00	USD 150,00
	Non SBP/SH member	USD 390,00	USD 420,00	USD 450,00

**INTERNATIONAL PARTICIPANTS: CLICK HERE TO REGISTER**




Payment methods: Bank slip (cash only) – Credit card (via PagBank for Brazilians – Paypal for international participants)

### 3. Enter your email.

LYMPHOMAS IN RIO 2026 - SBP&SH WORKSHOP 2026

Email

Si usted no es un ciudadano brasileño, haga clic en la bandera y introduza el correo electrónico.  
If is not a Brazilian, please specify citizenship.

### 4. Please fill in the required fields.

Note: if you are an associate member of the Society for Hematopathology (SH), as well as members of other medical societies that are supporting this event, please select the category of “Non SBP Members”, click on “Partner” and then submit your ID document for internal verification of your membership status. When approved, you will be able to finalize your payment with SBP&SH discounted values.

**Personal Data**  
The red fields are required

Profession

Registration Category

**Partner** Only for members of affiliated societies that are supporting this event (SH and others). When selecting this option, you must attach your ID document for verification. Once approved, you will be able to complete your registration with the specific fee for this category. Please attach a digitized copy of your certification of enrollment for the graduation course in Medicine or PreMed for the current year. Once approved, you will be able to complete your registration with the specific fee for this category.

**Others** (Non SBP Members with no affiliation to societies). Please attach a copy your professional medical registration or medical degree

Education

Name

Name on Tag

Gender  M  F

Password \ Passport

Email  Use ";" to register more than one email

Country

Phone Number

Mobile Phone Number

Medical Board  CRM Number  State  If you are not Brazilian choose (foreign)

Other Advice  Others  Number  State  If you are not Brazilian choose (foreign)

Postgraduation

Medical Residency

Residence Period  to

Members of SH or other affiliated societies: select "Partner" to upload your ID document in a subsequent step

Non SBP members that are not affiliated with any societies or that the affiliated society is not supporting this event: select "Others" to upload a copy of your professional medical registration/medical degree in a subsequent step

If you are a medical student (Academic), please follow the steps below.

### Personal Data

The red fields are required

Profession

ACADEMIC

Registration Category

(To Choose)

**Medical Student** Please attach a digitized copy of your certification of enrollment for the graduation course in Medicine or PreMed for the current year. Once approved, you will be able to complete your registration with the specific fee for this category.

Education

MEDICAL - STUDENT

## 5. Attaching the requested documents.

### Sending Documentation

**Medical Student** Attach a digitized copy of your certification of enrollment for the graduation course in Medicine or PreMed for the current year.

**Medical Doctor Non-SBP Member** Only for members of affiliated societies that are supporting this event (SH and others). Attach your ID document for verification.

**Others** (Non SBP Members with no affiliation to societies). Please attach a copy your professional medical registration or medical degree.

Once approved, you will be able to complete your registration for the category you selected.

Choose File No file chosen

Back

Next

## 6. Registration request.

### Event Registration Request

Thank you for registering in the event **INTERNATIONAL: LYMPHOMAS IN RIO 2026**  
Your provisional registration has been submitted successfully and will be evaluated by the organizing committee.

If you have any questions, please contact the Brazilian Society of Pathology  
(55)(11) 5080-5298.

**7. Once your documentation is approved, you will receive an email confirming acceptance and then you will be able to pay the registration fee for your category and complete your registration in the website.**

INTERNATIONAL: LYMPHOMAS IN RIO 2026 - Registration SH MEMBER OR AFFILIATED SOCIETY



BRUNA <atendimento@sbp.org.br>

Dear Dr. **[NAME OF THE REGISTERED PERSON]**

Your document has been verified and approved. You can now proceed with your event registration under the SH MEMBER OR AFFILIATED SOCIETY category  
Please access the website again using your email address in order to complete the registration process.

Best regards,

SBP Secretariat  
Brazilian Society of Pathology

## 8. Choose personal or commercial data for issuing the receipt.

### Data for issuing the receipt

The red fields are required

To Complete with personal data

To Complete with commercial data

Name/Company

Email

Back

Next

## 9. Select the payment method and complete the transaction.

### Payment method

Before proceeding, make sure that you are using the Internet browser with the **"Pop up" off**. Otherwise, it can prevent the completion of the process of payment by credit card. Utilizing Internet Explorer, this feature is on the "Tools" menu. If you use a different browser, check out how to unblock the pop up in your computer.

If you have any problems, please charge your PayPal account with credits and try again. Alternatively, please send an email to [atendimento.symphony@hybex.com.br](mailto:atendimento.symphony@hybex.com.br)

Total Value (\$) 180.00

 PayPal

Back

Next