



Registration form

**ONLY ONE INDIVIDUAL PER FORM
PLEASE USE CAPITAL LETTERS
COMPLETE ALL SECTIONS FULLY
INCOMPLETE FORMS CANNOT BE PROCESSED**

**Please send back by mail or by e-mail before May 1st, 2006
with your payment to the Organizing Secretariat:**

► **MSDA 2006 c/o PLB. Organisation**

Hôtel de Créquy – 15, rue de Pontoise – 78100 Saint-Germain-en-Laye – France

Tel. : + 33 (0)1 39 04 24 24 – Fax : + 33 (0)1 39 04 07 41 – msda2006@agence-plb.com

PARTICIPANT'S IDENTITY

Dr. Prof. Mr. Mrs. Ms.

.....
Last name

.....
First name

.....
Company name

.....
Mailing address

.....
City

.....
State or province

.....
Country

.....
Zip or postal code

.....
Phone (with country, city/area codes, number)

.....
Fax (with country, city/area codes, number)

.....
E-mail

CONGRESS REGISTRATION

REGISTRATION FEES					
ITEMS	Before 31/12/2005	From 01/01/2006 To 31/04/2006	From 01/05/2006 and on site registration	NUMBER OF PERSON(S)	TOTAL FEE
PARTICIPANT	478 €	540 €	600 €	1	
STUDENT*	239 €	270 €	300 €	1	

* Please enclose the official statement or copy of license (valid ID required)

The registration fee includes:

- Attendance to all scientific sessions • Entrance to the exhibit and poster areas • Attendance certificate • 1 badge and congress bag • 1 final program and 1 abstract book • Congress Opening Ceremony (Welcome Cocktail) on Wednesday May 24th, 2006 • Lunches (25/05, 26/05, 27/05) • Coffee breaks (25/05, 26/05, 27/05) •

I have special dietary requirements

- Kosher Low-sodium Vegetarian Diabetic

May 24th - 28th
2006

Marrakesh

3rd
METABOLIC
SYNDROME,
TYPE II DIABETES
and
ATHEROSCLEROSIS
CONGRESS

PAYMENT

Important / Please read carefully cancellation policy listed below

Please indicate which of the following means of payment you intend to use for hotel booking:

Bank transfer in Euro (€)

Please enclose a copy of the bank receipt

Payment must be made to PLB. Organisation Inc.

Bank name: Société Générale / Saint-Germain-en-Laye

National Bank Details: Bank office: 01870 – Bank code: 30003

Account N°: 00028010456 - Key/52 – IBAN code: FR76 30003 01870 00028010456 52

Important / Please indicate as a reference "MSDA 2006 registration fee + your name"

By credit card

Please be informed that no payment by American Express or Diners can be accepted

MasterCard

Visa

Please chargeEuro (€) to my below bank account

Credit card number

Expiry date (MM/DD/20YY)

..... Cardholder's signature :
Cardholder's name (as shown on the credit card)

My signature above authorizes PLB. Organisation to charge my credit card for the total amount of the entire hotel stay

Bank cheque in Euro (€) in favour of PLB. Organisation Inc.

.....
Bank cheque number

.....
Bank name

CANCELLATION POLICY

Any cancellation should be notified in writing to PLB. Organisation and will be subject to the following conditions:

Before April 30th 2006, refund of registrations subject to a 30% administrative charge.

All refunds, if any, will be made after the Congress.

After April 30th 2006, no refund.

Replacements of confirmed registrations are subject to a charge of 50 € per participant.

Date

Company stamp (for institutions only)

Signature