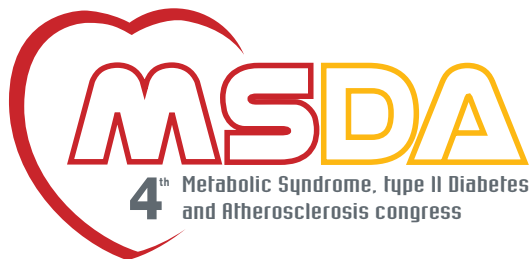


LISBON  
PORTUGAL  
16<sup>th</sup> - 20<sup>th</sup> MAY  
2007



2007

► REGISTRATION FORM

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

**Please send back by regular mail or e-mail before April 15<sup>th</sup>, 2007  
with your payment to the Organizing Secretariat:**

► **MSDA 2007 c/o PLB. Organisation**

Hôtel de Créquy – 15-17, rue de Pontoise – 78100 Saint-Germain-en-Laye – France  
Tel.: +33 (0)1 39 04 24 24 – Fax: +33 (0)1 39 04 24 77 – msda2007@agence-plb.com  
New web site: [www.msdacongress.com](http://www.msdacongress.com)

PARTICIPANT'S IDENTITY

Dr.  Prof.  Mr.  Mrs.  Ms.

Surname

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

CATEGORY	Before 31/12/2006	From 01/01/2007 to 14/04/2007	From 15/04/2007 and on site registration	NUMBER OF PERSON(S)	TOTAL FEE
<input type="checkbox"/> PARTICIPANT	478 €	540 €	600 €	1	
<input type="checkbox"/> 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
- Final program
- Abstract book
- Attendance certificate
- Badge and congress bag
- Congress Opening Ceremony (Welcome Cocktail) on Wednesday May 16<sup>th</sup>, 2006
- Lunches (17/05, 18/05, 19/05)
- Coffee breaks (17/05, 18/05, 19/05)

I have special dietary requirements (please tick if necessary)

Kosher  Low-sodium  Vegetarian  Diabetic

LISBON  
PORTUGAL  
16<sup>th</sup> - 20<sup>th</sup> MAY  
2007



2007

▶ REGISTRATION FORM

Surname \_\_\_\_\_

Name \_\_\_\_\_

PAYMENT

***Important / Please read carefully cancellation policy stated below***

Please indicate which of the following means of payment you intend to use for your congress registration:

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 2007 registration fee + your surname and name"*

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 15<sup>th</sup> 2007, refund of registrations subject to a 30% administrative charge.*

*All refunds, if any, will be made after the congress.*

*After April 15<sup>th</sup> 2007, no refund.*

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

Date \_\_\_\_\_

Signature \_\_\_\_\_

Company stamp (for institutions only)