

MARRAKESH
MAY 7th - 11th
2008



2008

► 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 21st, 2008
with your payment to the Organizing Secretariat:**

► MSDA 2008 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 – msda2008@agence-plb.com
Web site: 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 31/12/2007	From 01/01/2008 to 31/03/2008	From 01/04/2008 and on site registration	NUMBER OF PERSON(S)	TOTAL FEE
PARTICIPANT	<input type="checkbox"/> 478 €	<input type="checkbox"/> 540 €	<input type="checkbox"/> 600 €		
ABSTRACT AUTHOR	<input type="checkbox"/> 239 €	<input type="checkbox"/> 239 €	<input type="checkbox"/> 239 €		
STUDENT*	<input type="checkbox"/> 239 €	<input type="checkbox"/> 270 €	<input type="checkbox"/> 300 €		

* 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 • attendance to the congress closing dinner on Saturday 10th May • Lunches (08/05, 09/05, 10/05) • Coffee breaks (08/05, 09/05, 10/05) •

☐ I have special dietary requirements (please tick if necessary)

☐ Kosher ☐ Low-sodium ☐ Vegetarian ☐ Diabetic

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Surname

Name

PAYMENT

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

Swift code: SOGEFRPP

Important / please indicate as a reference "MSDA 2008 registration fee + your name"

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

Bank cheque number

Bank name

Important / Please read carefully cancellation policy stated below

CANCELLATION POLICY

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

*Before March 31st, 2008, refund of registrations subject to a 30% administrative charge.
All refunds, if any, will be made after the congress.*

After March 31st, 2008, no refund.

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

Date

Signature

Company stamp (for institutions only)