



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 15th, 2009
with your payment to the Organizing Secretariat:**

▶ **MSDA 2009 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 • e-mail: msda2009@agence-plb.com
Web site: www.msdacongress.com

PARTICIPANT'S IDENTITY

Dr. Prof. Mr. Mrs. Ms.

First name _____ *Last 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 31/12/2008	From 01/01/2009 to 31/03/2009	From 01/04/2009 and on site registration	NUMBER OF PERSON(S)	TOTAL FEE
PARTICIPANT	<input type="checkbox"/> 500 €	<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
- Lunches (21/05, 22/05, 23/05)
- Coffee breaks (each day)

I have special dietary requirements (please tick if necessary)
 Kosher Low-sodium Vegetarian Diabetic



PAYMENT

First name _____

Last name _____

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 2009 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, 2009, refund of registrations subject to a 30% administrative charge. All refunds, if any, will be made after the congress.

After March 31st, 2009, no refund.

Replacements of confirmed registrations are accepted with a charge of 50 € per participant until April 24th. Beyond, no refund.

By credit card (Visa)

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

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 registration

REGISTRATION AGREEMENT

I do accept the conditions regarding registration and cancellation as stated above

Date _____

Signature _____

Company stamp (for institutions only)