



MARRAKESH | May 16th-19th 2012

GROUP REGISTRATION 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 23rd, 2012 with your payment to the Organizing Secretariat:

PLB. Organisation Inc. / MSDA 2012

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 • e-mail:msda@agence-plb.com

Web site: www.msdacongress.com

PROCEDURES & TERMS

A minimum of 5 participants is required for group registration.

Registration fees are based on the date of receipt of the Group Registration Form and payment.

The prices indicated are ONLY applicable if BOTH the Group Registration Form AND the payment are received before the deadlines, otherwise the higher registration fee will be applied.

GROUP'S IDENTITY			
Group's corporate sponsor		Number of your guests (Must have at least 5)	
GROUP CONTACT INFORMATION			
Title: □ Dr. □ Prof. □ Mr. □ M	ırs. □ Ms.	Gender: □ Male	e 🗆 Female
First name	FAMILY NA	ME	
Company name			
Address			
City	State or pr	ovince	
Country	Zip or postal code		
Phone (with country, city/area codes, number)			
Fax (with country, city/area codes, number)			
E-mail			
CONGRESS REGISTRATION			

Before 31/12/2011

□ 500 €

□ 239 €

□ 239 €

The registration fee includes:

• Attendance to all scientific sessions • Entrance to the poster area • Final program • Abstract book • Attendance certificate • Badge and congress bag • Lunches (from 16/05 to 19/05) • Coffee breaks (each day)

REGISTRATION FEES

From 01/04/2012 and on site registration

□ 600 €

□ 239 €

□ 300 €

NUMBER OF PERSON(S)

TOTAL FEE

From 01/01/2012 to 31/03/2012

□ 540 €

□ 239 €

□ 270 €

CONFIRMATIONS

CATEGORY

PARTICIPANT

STUDENT*

ABSTRACT AUTHOR

Please note that no confirmation will be sent to your guests. This is your responsability to confirm the registrations to your delegates.

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





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GROUP REGISTRATION PROCEDURE

STEP 1 - Duly complete and scan the hereby Group **Registration Form STEP 2** - Download and save on the hard disk of your computer the Excel sheet called "Reporting group - MSDA 2012" available on the MSDA 2012 website at: http://www.msdacongress.com **STEP 3** - Enter the list of your invited delegates in this Excel sheet. Please fill in each field and save your records STEP 4 - E-mail the duly completed and scanned Group Registration Form together with the Excel sheet as attached documents to the MSDA 2012 Organizing Secretariat at: msda@agence-plb.com STEP 5 - The MSDA 2012 Organizing Secretariat will acknowledge receipt of your documents and will keep you posted of the next steps

CANCELLATION AND NAME CHANGE POLICIES

Any cancellation should be notified in writing to the Organizing Secretariat by email at:msda@agence-plb.com and will be subject to the following conditions: Before March 31st, 2012, refund of registrations subject to a 30% administrative charge. All refunds, if any, will be made after the congress. After March 31st, 2012 no Replacements of confirmed registration are accepted with a charge of 50 € per participant until April 30th, 2012. Beyond no refund.

Group's corporate sponsor			
PAYMENT			
Please indicate which of the following means of payment you intend to use for your			
congress registration:			
☐ Bank transfer in Euro (€)			
<u>Please enclose a copy of the bank receipt</u>			
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			
<u>Important / please indicate as a reference "MSDA 2012 registration fee + your company name"</u>			
☐ Bank cheque in Euro(€) in favour of PLB. Organisation Inc. / MSDA 2012 Bank cheque number Bank name			
☐ By credit card (Visa, Eurocard, Mastercard) Please be informed that no payment by American Express or Dinners can be accepted			
Please chargeEuro(€) to my below bank account			
Credit card number CVC code Expiry date (MM/20YY)			
My signature above authorizes PLB.Organisation Inc. to charge my credit card for the total amount of the registration			

INVOICING ADDRESS (Compulsory if different from group's identity)

First name	FAMILY NAME	
Company name		
Address		
City	State or province	
Country	Zip or postal code	

REGISTRATION AGREEMENT

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

Date Signature

Company stamp (for institutions only)