

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 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

PARTICIPANT'S IDENTITY

Title: Dr. Prof. Mr. Mrs. Ms. **Gender:** Male Female

Speciality: Cardiologist Diabetologist Endocrinologist Family Doctor

Internal Medicine Other (please specify)

First name _____ *FAMILY NAME* _____

Company name _____

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 31/12/2011	From 01/01/2012 to 31/03/2012	From 01/04/2012 and on site registration
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 poster area
- Final program
- Abstract book
- Attendance certificate
- Badge and congress bag
- Lunches (from 16/05 to 19/05)
- Coffee breaks (each day)

CONFIRMATION

Please note that your confirmation will be sent by email only.
Do not forget to complete your email address in the "Participant's identity" part.

First name

FAMILY 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 2012 registration fee + participant's identity"

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 charge Euro (€) to my below bank account

.....
Credit card number

.....
CVC code

.....
Expiry date (MM/20YY)

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

Cardholder's signature :

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 participant'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)

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 refund.

Replacements of confirmed registration are accepted with a charge of 50 € per participant until April 30th, 2012. Beyond no refund.