REGISTRATION FORM

To be sent back before August 31st, 2010 to:

EUROPA ORGANISATION
5, rue Saint-Pantaléon - BP 61508 - 31015 Toulouse cedex 6 - France
Fax: + 33 5 34 45 26 46
E-mail: insc-eclso@europa-organisation.com
www.eclso.eu

40th ECLSO CONGRESS

WARSAW
10-11 September 2010

☐ Miss ☐ Mrs ☐ Mr.

First name: _____ Last name: _____

Job title: _____ Hospital/Clinic: _____

Address: _____

_____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

In pursuance of the French Data Protection Law, you can access your personal information and rectify it if needed, by contacting EUROPA ORGANISATION (5 Rue Saint Pantaléon 31015 Toulouse - France). Europa Organisation uses this information only within the framework of the congress. It may be passed on to the agency in charge of the next congress. If you do not want your personal information to be passed on after this conference, please tick the box:
☐ I do not want my personal information to be passed on to the agency that will organize the next congress.

Accompanying person: indicate first and last name.
First name: _____ Last name: _____

1. REGISTRATION

Registration fees include: congress bag, scientific lectures, access to exhibition area, coffee breaks and lunches, welcome cocktail and course.

REGISTRATION fees in euros	**Before July 10th, 2010**	**After July 10th, 2010**
ECLSO Members	☐ 340 €	☐ 440 €
ECLSO Non members	☐ 400 €	☐ 500 €
Resident*	☐ 100 €	☐ 200 €
Eastern Countries**	☐ 150 €	☐ 240 €
Accompanying person***	☐ 75 €	☐ 80 €

* Justification required in writing by the head of the department.
** Belarus, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldavia, Poland, Kazakhstan, Romania, Russia, Serbia, Slovakia, Slovenia and Ukraine.
*** Accompanying person's fees give access to social events.

TOTAL 1 _____ € **NET PRICE**

2. OPTIONAL GALA DINNER

☐ I will attend the gala dinner on Saturday September 11th: _____ x 50 € NET PRICE **TOTAL 2** _____ € **NET PRICE**

3. TOTAL

TOTAL 1 _____ € **NET PRICE**
TOTAL 2 _____ € **NET PRICE**
TOTAL AMOUNT _____ € **NET PRICE**

PAYMENT

☐ By bank cheque in euros (please make payable to EUROPA ORGANISATION/ECLSO2010)

☐ By credit card:

I, The undersigned: (card holder's name) _____ Passport number : _____

authorise EUROPA ORGANISATION to debit the sum of _____ € on my credit card:

☐ American Express ☐ Diners ☐ Visa / Eurocard / Mastercard

Card number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp: |_|_| *(month)* |_|_| *(year)*

Card Verification Code (CVC): 3 digits for Visa on the back of the card or 4 digits for Amex: |_|_|_|_|

Date: _____ Signature:

CANCELLATIONS

– Until July 23th, total refund
– From July 24th to August 10th, 50% refund
– From August 10th, no refund
Reimbursement will only be accepted upon written cancellations sent to EUROPA ORGANISATION