Institut de cancérologie GUSTAVE ROUSSY
VILLEJUIF - www.igr.fr

27-28-29 april 2009

ACCOMMODATION FORM

Please return this form with your payment to :
CR2 conseil / IGR 2009
60, rue du Dessous des Berges – 75013 PARIS – France
Tél. : 33 (0)1 53 79 05 05 – Fax : 33 (0)1 53 79 26 88
E-Mail : contact@cr2conseil.com

¨ Dr ¨ Pr ¨ Mr ¨ Mrs ¨ Ms

Last Name: .....*First Name*: .....

Specialty: .....

Institution: ....*Department*: .....

Professional address: .....

Zip Code: ....*City*: .....*Country*: .....

Phone: ....*Fax*: .....

E-mail (compulsory field): .....

Accommodation Fee

Registration fees are paid by (name of the company): .....

q Would like a reservation for to the following nights

q April 26, 2009 q April 27, 2009 q April 28, 2009

Price per night with breakfast: 96 euros (VAT incl.)

Methods of payment

q By bank check in Euros to the order of IGR 2009 / CR2 Conseil

q By credit card: I , ..., the undersigned Card Holder's name, authorized CR2 conseil to debit the sum of ..... euros on my credit card.

q VISA q MASTERCARD q American Express

Card number: └┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┴┘

Expiration date: ...../.....

Signature

q By bank transfer (join a copy of the bank transfer-– wire transfer fees have to be paid by the participant)

Code banque : 30066
Code Guichet : 10211
N° compte : 00020008501
Clé RIB : 03
Domiciliation : CIC Paris Tolbiac

IBAN : FR76 3006 6102 1100 0200 0850 103
BIC : CMCIFRPP

Cancellations:

Cancellations before April 1st ,2009– 30 % are charged
Cancellations between April 1st ,2009 and April 13th ,2009 – 50% are charged
Cancellations April 13th ,2009 and the opening of the congress : 100 % are charged
Reimbursement will only be accepted upon written cancellations sent to CR2 conseil