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

27-28-29 april 2009

REGISTRATION 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*: .....**

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

Registration Fee

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

Specialist Doctors :

q 700,00 € VAT incl.

Registration fee include: registration to the congress, coffee breaks and lunchs, and the dinner on the 27th of April.

q *I will be present during the dinner on the 27th of April*

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

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Cancellations:
Before April 6, 2009 - refund (charge of 50€ added)
Reimbursement will only be accepted upon written cancellations sent to CR2 conseil
After April 6, 2009 – no refund