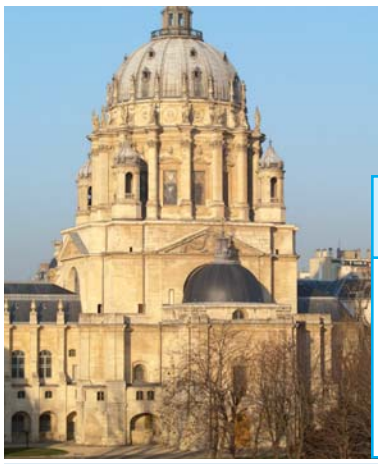

22nd and 23rd, september 2008 - Paris

REGISTRATION FORM

Please return this form with your payment to :

CR2 conseil - 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 – Web site : cr2conseil.com

We might not be able to process your registration if the form is not fully completed

PLEASE TYPE OR PRINT CLEARLY

Title: ❑ Prof ❑ MD Quality: ❑ Mr ❑ Mrs ❑ Ms

Last Name *(family name)* : .....
(In capital letters)

First Name: .....

Specialty: .....

Institution: .....

Department: .....

Address: .....

Zip code : ..... City : .....

Country : .....

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

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

Registration fee

❑ 442,12 € *VAT incl.* **Physician Registration** *(Including registration, lunch, coffee breaks)*

❑ 741,52 € *VAT incl.* **Full Board Registration** *(Including registration, lunch, coffee breaks and accommodation on September 22nd, 2008)*

Method of payment

☐ Bank check in Euros to the **order of RITA 2008 / CR2 conseil** (only from French bank account)

☐ Credit card

I, the undersigned, Cardholder's (name as printed on the card) ..... authorize CR2 conseil to debit the amount of ..... euros on my credit card

☐ Visa ☐ Master Card ☐ American Express

Cardholder's signature

Card number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiration date: |_|_| |_|_|

☐ Wire transfer *(Transfer charges are to be paid by the attendee)*

Bank: CIC Paris Tolbiac – 224 rue de Tolbiac – 75013 PARIS, France
Account Holder: RITA 2008/CR2 conseil
IBAN: FR76 3006 6102 1100 0108 6610 262 / BIC CMCIFRPP

Cancellations

Before September 5th, 2008: refund (charge of 50 euros deducted)
After September 5th, 2008: no refund
Reimbursement will only be accepted upon written cancellations sent to CR2 conseil.