

**X<sup>th</sup>** International  
Symposium on  
**Amyloid and  
Amyloidosis**  
From molecular  
dissection to  
therapeutics

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**TOURS**, Loire Valley  
April 18-22, 2004

## Registration form

**Secretariat of the Symposium**  
(Information, Registrations, Abstracts)

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COLLOQUIUM-ISAA2004  
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## PARTICIPANT

Pr     Dr     Mr     Mrs     Miss

Last name .....

First Name .....

Address .....

Zip Code ..... City .....

Country .....

Telephone ..... Fax .....

e-mail .....

## ACCOMPANYING PERSON(S)

Last name ..... First name .....

Last name ..... First name .....

Last name ..... First name .....

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## 1. Fees

	Before* February 13	From* Feb.14 <sup>th</sup> till March 31	Onsite
Senior	350 €	400 €	450 €
Junior (less than 35 years old)**	250 €	300 €	350 €
Accompanying person	100 €	120 €	140 €

\* Date as postmarked

\*\* upon presentation of a proof attached to the registration form (copy of the ID card)

Participant:                     1 person x  =  €

Accompanying person(s):  person x  =  €

TOTAL 1 =  €

## Accommodation

Please complete the corresponding form and send it to the International Congress Center, Vinci.



# Cancellation Policy

Any cancellation must be notified in writing to the Congress Secretariat.  
If notified: Prior to November 30 – full refund less 10 % retained  
Between December 1st and March 31 – 50 % refund  
After March 31 – no refund

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