

TOURS, Loire Valley April 18-22, 2004

## Registration form

## **Secretariat of the Symposium**

(Information, Registrations, Abstracts)

COLLOQUIUM-ISAA2004

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☐ Pr	☐ Dr	☐ Mr	☐ M	rs 🔲 Mi	SS	
Last name						
First Name	9					
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ACCOME	PANYING PER	SON(S)				
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1. Fee:	S					
			Before*	From*	Onsite	<b>;</b>
		Feb	ruary 13	Feb.14 <sup>th</sup> till N	March 31	
Senior			350 €	400 €	450 €	?
Junior (le	ss than 35 years	old)**	250 €	300 €	350 €	?
Accompa	anying person		100 €	120 €	140 €	?
	postmarked presentation of a	proof attac	ched to the	registration form	(copy of the ID car	·d)
Pa	articipant:		1  p	erson x		, ,  €
Α	.ccompanying p	person(s):		erson x		€
	. , , , , ,				TOTAL 1=	€

## Accommodation

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

2. Lunch Boxes	
<ul><li>☐ Monday, April 19:</li><li>☐ Tuesday, April 20:</li><li>☐ Wednesday, April 21:</li></ul>	X 10 € =
3. Gala Dinner	
Wednesday, April 21:	85 € x person(s) = €  TOTAL 3 = €
SNCF - Discount Coupon (	Train)
I wish to receive dis	count coupon(s)
Payment	
<ol> <li>Registration fees</li> <li>Luncheons</li> <li>Gala Dinner</li> </ol>	Total 1 =
☐ By Bank Check in Euros payable in Fra	ance drawned to: COLLOQUIUM-ISAA2004
Banque BNP – 2, place de l'Opéra - 7 An official copy of the bank transfer m COLLOQUIUM and not to the bank.	9 – Account Number 00010175959 - Key 60
☐ By Credit Card (VISA, EUROCARD, MA	ARSTERCARD) :
Card number:	Card holder name:
I, the undersigned, certify that I have read and cancellation.	and hereby accept the conditions of registration
Date:	Signature:

## **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

