

REGISTRATION FORM



Please mail or fax to

VISTA
EURO-PDT 2008
9 rue Henri Martin
92772 Boulogne Billancourt Cedex
France
Tel. : +33 (0)1 46 43 33 42
Fax : +33 (0)1 46 24 88 38
Email : europdt2008@vista-fr.com

8th EURO-PDT Annual Congress

7th-8th March 2008
Hotel AC Barcelona, Barcelona, Spain

DELEGATE

Title		
Last Name		First Name
Institution/Company		
Address		
Zip	City	Country
Phone		Fax
Email		
ACCOMPANYING PERSON	Last Name	First Name

REGISTRATION/DINNER FEES

8 th EURO-PDT Annual Congress 7 th -8 th March 2008, Hotel AC Barcelona, Barcelona	460 €	_____
Annual Congress Dinner 7 th March 2008	60 €	_____
Annual Congress Dinner 7 th March 2008 (accompanying person)	60 €	_____
TOTAL		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

REGISTRATION/DINNERS CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions :

- . Until 1st January 2008, 50% refund
- . After 1st January 2008, no refunds will be issued
- . All refunds will be processed after the meeting

I have read and accept the registration/dinners cancellation policy _____
Date Signature

PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT 2008 to :
Banque OBC - 3 avenue Hoche - 75008 Paris, France
Bank code : 14978 - Sort code : 00100 - Account n° 01220780018 - Key 78 - IBAN : FR76 1497 8001 0001 2207 8001 878 - BIC : NSMEFRPPXXX
(copy of bank tranfer must be sent along with registration/hotel reservation form)

By credit card Visa Eurocard/Mastercard

Cardholder _____ Card number _____ Signature _____
Card verification code (3 digits on back of card) _____ Expiry date _____ (month) _____ (year)

By check in Euros (payable in France to the order of VISTA/EURO-PDT 2008)