

REGISTRATION FORM

Please mail or fax to:

VISTA

EURO-PDT 2010

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: europdt2010@vista-fr.com

DELEGATE

Title

Last Name

First Name

Institution/Company

Address

Zip

City

Country

Phone

Fax

Email

ACCOMPANYING PERSON

Last Name

First Name

REGISTRATION/DINNER FEES

PDT Training Course 11 th March 2010, Hôpital l'Archet, Nice	290 €	€
10 th EURO-PDT Annual Congress 12 th -13 th March 2010, Hotel Monte Carlo Bay, Monaco	580 €	€
Welcome Dinner, Hotel Monte Carlo Bay, Monaco 11 th March 2010	65 € x _____ pers	€
Annual Congress Dinner, Café de Paris, Monaco 12 th March 2010	68 € x _____ pers	€
TOTAL		€

REGISTRATION/DINNERS CANCELLATION POLICY

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

- . Until 1st January 2010, 50% refund
- . After 1st January 2010, 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 to:

Banque OBC - 3 avenue Hoche - 75008 Paris, France

Bank code : 30788 - Sort code : 00900 - Account n° 01220780001 - Key 52 - IBAN : FR76 3078 8009 0001 2207 8000 152 - BIC : NSMBFRPPXXX
(copy of bank tranfer must be sent along with registration/hotel reservation form)

By credit card Visa Eurocard/Mastercard

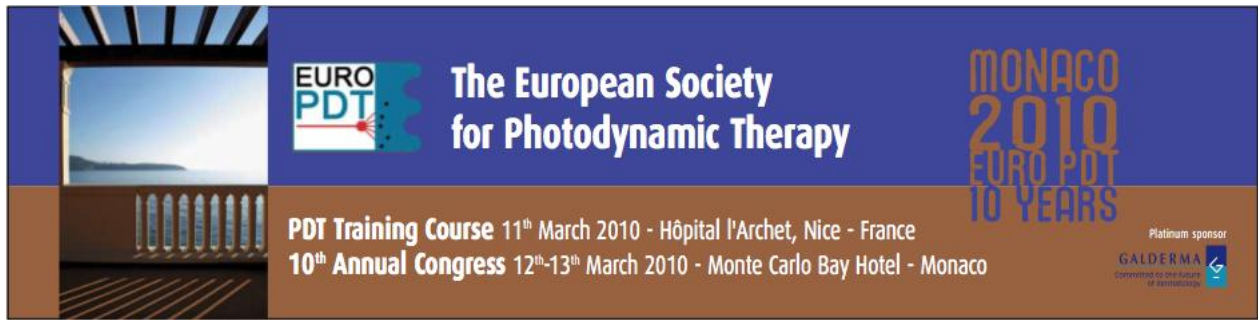
Cardholder

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)



HOTEL RESERVATION FORM

Please mail or fax to:

VISTA

EURO-PDT 2010

9 rue Henri Martin

92772 Boulogne Billancourt Cedex - France

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DELEGATE

Title

Last Name

First Name

Institution/Company

Address

Zip

City

Country

Phone

Fax

Email

ACCOMPANYING PERSON

Last Name

First Name

HOTEL MONTE CARLO BAY (2-night minimum stay)

Date of arrival

Date of departure

Single occupancy room with breakfast
(per room, per night)

200 €

Double occupancy room with breakfasts
(per room, per night)

220 €

X ___ nights

Hotel Monte Carlo Bay
40, avenue Princesse Grace
MC 98000 Principauté de Monaco

TOTAL

HOTEL CANCELLATION POLICY

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

- . There is a **2-night minimum stay**
- . Until 1st January 2010, 50% refund
- . After 1st January 2010, no refunds will be issued
- . All refunds will be processed after the meeting

I have read and accept the hotel cancellation policy

Date

Signature

PAYMENT

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Banque OBC - 3 avenue Hoche - 75008 Paris, France

Bank code : 30788 - Sort code : 00900 - Account n° 01220780001 - Key 52 - IBAN : FR76 3078 8009 0001 2207 8000 152 - BIC : NSMBFRPPXXX
(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)