



ESDPPP Chamonix 2009

REGISTRATION FORM

Please complete and return this form as soon as possible to the Organizing Secretariat
 Nadine PONS – Pharmacologie Clinique – Hôpital St Vincent de Paul
 82, av. Denfert Rochereau – 75674 Paris Cx 14 France
 Tel: +33.1.40.48.82.22 – Fax: +33.1.40.48.83.28 – E-mail: nadine.pons@svp.aphp.fr

Please use block letters or type

Mr Mrs Dr Pr
 Family name : First Name :
 Organization/Company :
 Position :
 Address (Street) :
 Postal code : City : Country :
 Telephone : Fax :
 E-mail :

➤ **ABSTRACT SUBMISSION : <http://www.esdppp.org>**

➤ **REGISTRATION WILL BE VALID ON PAYMENT RECEIPT**

PAYMENT V.A.T. included (coffee breaks and gala dinner included) :

Registration fee for manufacturers	850 €
Registration fee for academics and non-profit organizations (physicians, pharmacists, fellows)	450 €
Registration fee for students, residents, research nurses	350 €
Registration fee for students, residents, research nurses who submit an abstract that is accepted	300 €

Registration for SOCIAL EVENTS (optional) : 1 - Lunches + 2 - Visit to the "mer de glace" (lunch included), + 3 - Concert + 4 - "Caleche" regional Dinner **200 €**

➤ **ALL REGISTRATION FEES AFTER MAY 1ST 2009 WILL BE INCREASED BY 100 €**

by enclosed cheque to : **NATURALIA & BIOLOGIA**
 by bank transfer to **NATURALIA & BIOLOGIA** Bank HSBC Odeon Paris (France)
 Account number : 00705443530 EUR – RIB : 30056-00070-00705443530-86
 IBAN FR76 3005 6000 7000 7054 4353 086 Code BIC CCFRFRPP

HOTEL REGISTRATION and LOCAL TRANSPORTATION RESERVATION have to be made via SERVICE CONGRES "ESDPPP" CHAMONIX : Phone : + 33 (0)4 50 53 75 50 - Fax : + 33 (0)4 50 53 80 83 - E.mail : maud.ravanel@chamonix.com

Signature Date