



94^e Congrès de l'Association des Morphologistes
15 au 17 mars 2012
Faculté de Médecine de Clermont-Ferrand

REGISTRATION FORM

Please return as soon as possible (If more forms are required please use photocopies) :

Alpha Visa Congrès / Morphologistes 2012

624, rue des Grèzes - 34070 Montpellier - France

Tel : +33 (0)4 67 03 03 00 - Fax : +33 (0)4 67 45 57 97 - Email : infos@morphologistes.fr

ADDRESS FOR CORRESPONDENCE AND LIST OF PARTICIPANTS

^① Mr Mrs Miss

First name

Surname

Position

Department

Company

Address

Post code

Town

Country

Tel. direct line

Fax

Mobile

Email

1. REGISTRATION FEES

Information regarding accommodation is available on the conference website : www.morphologistes.fr

Registration fees include:

- access to conferences
- congress documents
- welcome buffet Thursday 15 March 2012
- lunch Friday 16 March 2012
- coffee breaks

	Payment before 01/02/2012 ▼	Payment after 01/02/2012 ▼
Regular registration	001 <input type="checkbox"/> 130 €	002 <input type="checkbox"/> 200 €
Junior registration* : student BS or masters, internes, CCA et AHU	003 <input type="checkbox"/> 65 €	004 <input type="checkbox"/> 200 €
*32 years old maximum		
Accompanying person registration (Only for guided visit of Clermont-Ferrand)		005 <input type="checkbox"/> 20 €
Gala dinner Friday 16 March - 20h00	3165 _____ x 100 €	3167 _____ x 150 €

Welcome buffet Thursday 15 March - 12h00

3151 I will attend

3153 I will not attend

Aubergnat buffet Thursday 15 March - 19h30

3155 I will attend

3157 I will not attend

Lunch Friday 16 March - 12h30

3161 I will attend

3163 I will not attend

CANCELLATION - before 13 February 2012, 40€ administrative charge will be retained ; after this date no refund will be possible. Substitution can be done without charge before the conference by writing to Alpha Visa Congrès. **PAYMENT** - Registration fees must be sent with this completed registration form.

2. PAYMENT


THE REGISTRATION FORM MUST BE SENT WITH THE FOLLOWING PAYMENT:

- 1. Conference registration fees _____ €
- 2. Accompanying person registration fees _____ €
- 3. Gala dinner _____ €
- **TOTAL** _____ €

PAYMENT BY⁽¹⁾ :

- Bank cheque. Please make out your cheque in euros and payable in France to: Alpha Visa Congrès / Morpho 2012
- I authorize Alpha Visa Congrès / Morpho 2012 to charge my credit card for the amount above :
 - Eurocard
 - Visa Card
 - Master Card
- Bank transfer (see details below).
- Purchase order (allowed only for French institutions) Please send the purchase order by fax +33 (0)4 67 45 57 97 or by email to infos@morphologistes.fr

N° : <input style="width: 90%;" type="text"/>	Expiry date : ____ / ____
Please mention 3 digits on the back of the card (CVC code): <input style="width: 30px;" type="text"/>	

<p style="text-align: center;">BANK DETAILS</p> <p style="text-align: center;"></p> <p style="text-align: center;">CRÉDIT AGRICOLE DU LANGUEDOC Caisse Régionale de Crédit Agricole du Midi Avenue du Montpellieret Maurin - 34977 Lattes Cedex</p> <hr/> <p style="text-align: center;">NAME AND ADDRESS OF THE ACCOUNT OWNER</p> <p style="text-align: center;">SARL ALPHA VISA CONGRÈS 624, RUE DES GRÈZES 34070 MONTPELLIER - FRANCE</p>	<p style="text-align: center;">FOR BANK TRANSFERS IN FRANCE</p> <table border="1" style="width: 100%;"><tr><td>Bank code</td><td>Counter code</td><td>Account number</td><td>RIB key</td></tr><tr><td>13506</td><td>10000</td><td>62150863000</td><td>32</td></tr></table> <p style="text-align: center;">Domiciliation MPL CELLENEUVE TEL: 0892 892 000</p> <hr/> <p style="text-align: center;">FOR INTERNATIONAL BANK TRANSFERS</p> <p style="text-align: center;">International Banking Account Number (IBAN) FR76 1350 6100 0062 1508 6300 032</p> <p style="text-align: center;">Bank Identification code (BIC) AGRIFRPP835</p>	Bank code	Counter code	Account number	RIB key	13506	10000	62150863000	32
Bank code	Counter code	Account number	RIB key						
13506	10000	62150863000	32						

All bank charges must be paid by the sender.

Date : ____ / ____ / ____

Signature :

When making payment (by cheque, bank transfer or purchase order), please indicate the congress name (Morpho 2012) and the participant's name. If you have any difficulties, please contact Alpha Visa Congrès office.

3. INVOICE

INVOICE ADDRESS (If different from page 1):

Company / Institution _____	Department _____	
Address _____		
Post code _____	Town _____	Country _____

SPECIAL REQUEST REGARDING INVOICING:

I authorize Alpha Visa Congrès / Morpho 2012 to reproduce and use the information contained in this form. For access details and modification rights, please write to Alpha Visa Congrès / Morpho 2012.

4. TRANSPORTATION

I would like to receive⁽¹⁾

- 4001 20% discount voucher (valid only in France)

(1) Please tick the appropriate box