



A program licensed by the American Society of Clinical Oncology

France

15th-16th June 2011, Paris
Auditorium Marceau

Annual Meeting '11

**Third Time
in Europe**

REGISTRATION FORM

Please return this form as soon as possible to :

I.M.E. – International Medical Events

124 Boulevard Exelmans 75016 Paris – France

Fax: +33 1 47 43 50 01 – E-mail: bestofasco@im-events.com

**PATIENTS
PATHWAYS
PROGRESS**

Participant

Pr Dr Mr Mrs Ms

Speciality:.....

Last Name:.....First Name:.....

Institution/Company:.....

Address:.....

.....

Zip Code:.....City:.....Country:.....

Phone:.....Fax:.....

E-mail:.....

Registration fees

	Regular Registration	Student**
Until June 16th, 2011	150€	80€

** provided signed Certificate from School is attached to the registration form

Way of Registration

Online Registration: secure online registration and payment by credit card via the website www.bestofascofrance.com

Registration will be validated only with payment by credit card (Visa, Mastercard).

Registration Form sent by Fax or Mail: you can download the registration form on the website and sent it duly completed to the Organization Committee. Registration will be validated only with payment attached or credit card information completed.

Cancellation Conditions

Before May 13th, 2011: 50% cancellation fees

After May 13th, 2011: no refund

Organization committee



International Medical Events (IME)

124 Boulevard Exelmans – 75016 Paris – France

Tél: +33 1 47 43 50 00 – Fax: +33 1 47 43 50 01

Contacts : Anne PUGET or Valérie CAILLON

Email: bestofasco@im-events.com



France

15th-16th June 2011, Paris

Auditorium Marceau

Annual Meeting '11

**Third Time
in Europe**

**PATIENTS
PATHWAYS
PROGRESS**

Payment Method

Payment have to be made in advance by one of the following methods:

By check – Amount of€uros

Payable to **International Medical Events** and sent to:

IME (International Medical Events) – 124 Boulevard Exelmans – 75016 Paris – France.

Reference to mention on check: EQUA 1145 + name of participant or N° of invoice.

By wire transfer – Amount of€uros

To: Bank Code: 30056 – Place: 00811 – Account: 08115173063 – Key: 51

IBAN: FR76 3005 6008 1108 1151 7306 351

Bank address: HSBC FR AUBER MATHURINS

Reference to mention on all wire transfer: EQUA 1145 + name of participant or N° of invoice.

International Medical Events will not be responsible for identifying funds transferred directly into the account when the name of the participant or invoice number is not mentioned, nor will International Medical Events accept charges of bank fees associated with the transfer.

By Visa card or Master card

CARD HOLDER

Name.....First Name.....Signature:

My signature above authorizes assigned Travel Agency to charge my credit card for the amount due.

International Medical Events reserves the right to charge the correct amount if different from the total listed.

The credit card must have an expiration date no earlier than June 2011.

Forms without a valid credit card number will be returned.

Registration fees has to be paid in totally to be validated.

Amount authorized:.....€uros

Card Number: | | | | | Expiration: | | / | |

Crypto: | | | | Three last numbers on the backside of the card

Date: __ / __ / 2011

Signature:

CANCELLATION & CHANGE

Any cancellation or change must be submitted in writing to International Medical Events (E-mail or Fax only). A confirmation number will be sent to you. Please retain the cancellation confirmation number from International Medical events to resolve any credit card disputes.



International Medical Events

E-mail: bestofasco@im-events.com - Tél: +33 1 47 43 50 00 – Fax: +33 1 47 43 50 01

