



3rd INTERNATIONAL CONGRESS ON PSORIASIS
Paris, 1-4 July 2010

N°:
PYT:

For office use only

REGISTRATION FORM

Please, return this form as soon as possible and before March 20, 2010 to benefit from the reduced registration fee, to:

PSORIASIS 2010 c/o MCI: 24 rue Chauchat - 75009 Paris - France – Fax: 33 (0)1 53 85 82 83

(Please write in capital letters or staple a business card for all your details).

FOR AN EASIER AND FASTER REGISTRATION, YOU MAY ALSO GO TO: www.pso2010.com

A PARTICIPANT

Pr Dr Mr Mrs Ms

LAST NAME/FAMILY NAME: _____

First Name: _____

Institution: _____

Street/PO. Box: _____

Postal code: _____ City: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Speciality: Dermatologist Pediatrician Rheumatologist
 Psychologist General Practitioner Others _____ (precise)

Please, note that your name and address will be published in the Congress' official list of participants unless you tick the box below.

I do NOT wish my name and address to appear in the Congress official list of Participants.

B REGISTRATION FEES

REGISTRATION CATEGORY	EARLY BIRD FEES Until 20/03/2010	LATE FEES After 20/03/2010
PARTICIPANT	<input type="checkbox"/> 540 €	<input type="checkbox"/> 610 €
STUDENT*	<input type="checkbox"/> 180 €	<input type="checkbox"/> 180 €
PATIENT ASSOCIATION MEMBERS**	<input type="checkbox"/> Free	<input type="checkbox"/> Free
TOTAL B:	 €

* Please provide certificate

** Access only to the Sunday Session, July 4, 2010. Please provide a copy of a valid membership card

All indicate rates above include a VAT of 19,60% at current rate at the day of printing.

G ACCOMMODATION

Please indicate your choice of hotel and note the deposit to pay (**full stay**):

HOTEL CHOICE (Please indicate below)	ROOM TYPE	DEPOSIT TO PAY
1 st choice: H.....	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin €
2 nd choice: H.....	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin €
Reservation fees		+ 20 €
TOTAL C:	 €

Arrival:/...../2010 – **Departure:**/07/2010 – **Number of nights:**

HOTEL RESERVATION DEADLINE: April 30, 2010

Hotel reservation received after this date may not be guaranteed and will be made according to availability only.

Reservation received without the required deposit and reservation fees will NOT be processed.

TOTAL (B + C): €

F PAYMENT

By **check** payable in France to the order of **PSO 2010 c/o MCI**

By **Bank transfer** to the order of **PSO 2010 c/o MCI** to :

CREDIT LYONNAIS – Paris SDC Paris 2 – 59 rue Lafayette – 75009 Paris – France

Bank code: 30002 – Sort Code: 05666 – Account N°: 0000060496L – Key: 01

BIC: CRLYFRPP – IBAN: FR78 3000 2056 6600 0006 0496 L01

Copy of the bank transfer must be attached to the registration form. Do NOT forget to give the name of the person you are paying for, on the bank transfer order.

By credit card: VISA / MASTER / EUROCARD / AMERICAN EXPRESS (no other cards accepted)

I authorize the Congress Office to debit my card for the amount indicated here above:

Number: | | | | | | | | | | | | | | | | | |

Card Verification Code (3 digits on the back of Visa/Mastercard, 4 digits on front of AMEX): _____

Expiry date: _____ (please do not forget)

SIGNATURE:

I hereby accept all registration conditions of the Congress and agree for the payment corresponding to my requests.
(Compulsary : Please sign also if you pay by cheque or bank transfer: forms without signature will not be processed)