

11th congress

WFITN

8th to 11th November 2011

REGISTRATION FORM

To be returned before **October 7th**, 2011 to EUROPA ORGANISATION:
 19, allées Jean-Jaurès - B.P. 61508 - Toulouse - FRANCE
 Fax: +33 5 61 42 00 09
 E-mail: insc-wfitn2011@europa-organisation.com

Ms Mrs Mr

Last Name: _____ First Name: _____

E-mail (Compulsory): _____ @ _____

Speciality: Interventional Neuroradiology Endovascular Neurosurgery Radiology technician Neuroradiology
 Neurosurgery Industry Others: _____

Company/hospital: _____

Address: _____

Zip Code: _____ City: _____

Country: _____ State (US): _____

Phone: _____ Fax: _____

Cell phone _____

Arrival date: _____ Departure date: _____

Invoicing address (if different) _____

Invoicing contact: Name _____ E-mail: _____ @ _____

1. REGISTRATION

PLEASE TICK THE CORRESPONDING BOX

Categories	Early Bird registration (before July 30 th , 2011)	Late registration (After July 30 th , 2011)
WFITN Members*	<input type="checkbox"/> 450 €	<input type="checkbox"/> 550 €
Non members	<input type="checkbox"/> 600 €	<input type="checkbox"/> 700 €
Industry	<input type="checkbox"/> 600 €	<input type="checkbox"/> 700 €
Trainees, technicians & nurses* *	<input type="checkbox"/> 200 €	<input type="checkbox"/> 250 €
Gala Dinner	<input type="checkbox"/> 50 €	<input type="checkbox"/> 50 €

* Proof of member status should be provided with the registration form.

** Trainees, technicians & nurses should provide the Secretariat with proof of status attached to the registration form.

TOTAL 1 € _____ VAT Incl.

2. LUNCH BUFFET

Lunch buffet will be served in the exhibition area. In order to plan catering please let us know the days you will require lunch.

(included in the registration fees)

Tuesday, November 8th

Wednesday, November 9th

Thursday, November 10th

Friday, November 11th

Last Name: _____ First Name: _____

3. WELCOME COCKTAIL

A welcome cocktail will be served on Monday, November 7th from 6.00pm to 9.00pm at the Conference Centre.

I will attend the welcome cocktail

4. ACCOMPANYING PERSON(S)

PLEASE TICK THE CORRESPONDING BOX

Last Name	First Name	Registration (compulsory)	Gala Dinner	Welcome cocktail	Lunch buffet
		<input type="checkbox"/> 100€	<input type="checkbox"/> 50€	<input type="checkbox"/>	<input type="checkbox"/> Nov. 8th <input type="checkbox"/> Nov. 9th <input type="checkbox"/> Nov. 10th <input type="checkbox"/> Nov. 11th
		<input type="checkbox"/> 100€	<input type="checkbox"/> 50€	<input type="checkbox"/>	<input type="checkbox"/> Nov. 8th <input type="checkbox"/> Nov. 9th <input type="checkbox"/> Nov. 10th <input type="checkbox"/> Nov. 11th
		<input type="checkbox"/> 100€	<input type="checkbox"/> 50€	<input type="checkbox"/>	<input type="checkbox"/> Nov. 8th <input type="checkbox"/> Nov. 9th <input type="checkbox"/> Nov. 10th <input type="checkbox"/> Nov. 11th

TOTAL 2 € _____ VAT Incl.

5. PAYMENT

By check in euros only to the order of Europa Organisation/WFITN11

By credit card

I, the undersigned (card holder's name) _____ authorize Europa Organisation to debit the sum of € _____ VAT Incl. on my credit card:

American Express Visa/Eurocard/Mastercard Diners club

Card number | | | | | | | | | | | | | | | | | | | | | |

Expiry date | | | / | | |

(Compulsory) Month Year

Please give 3 last digits on the back of your card: | | | | |

(Please give 4 last digits for Amex)

Cardholder's signature (compulsory) _____

6. CANCELLATION

Cancellations must be made in writing to Europa Organisation and are subject to the following conditions:

- Before August 30th, 2011: full refund minus 50€
- From August 30th to September 30th, 2011: 50% refund
- No refund will be made after September 30th, 2011

Signed in _____ on _____

Signature (compulsory)