PACAAM 2008, Montréal September 4-5-6
REGISTRATION FORM

Last Name _____ First Name _____

Specialty _____

Address _____

Zip code _____ City _____

Country _____

Phone _____ Fax _____

E-mail **Please type in capital letters** _____

REGISTRATION FEES

Include access to all sessions, workshops and commercial exhibit, coffee breaks offered on site, a certificate of attendance, the conference book, a congress bag and all documentation.

	Early registration before July 30th, 2008	Registration before August 30th, 2008	Late registration after August 30th, 2008 or on-site
■ **Delegate** / Congressiste 3 days 4 - 5 - 6 of September	❑ 370 CAD/US$ 240 €*	❑ 410 CAD/US$ 270 €*	❑ 450 CAD/US$ 300 €*
■ **Member of Scientific Society** (certificate requested) 3 days 4 - 5 - 6 of September	❑ 310 CAD/US$ 200 €*	❑ 350 CAD/US$ 230 €*	❑ 390 CAD/US$ 260 €*
■ **Student, Nurse, Physiotherapist, Assistant** (certificate requested) 3 days 4 - 5 - 6 of September	❑ 280 CAD/US$ 180 €*	❑ 320 CAD/US$ 210 €*	❑ 360 CAD/US$ 230 €*
■ **Access to exhibit only + access to aesthetic workshops** 3 days 4 - 5 - 6 of September	❑ 100 CAD/US$ 70 €*	❑ 120 CAD/US$ 80 €*	❑ 150 CAD/US$ 100 €*
■ **Access to exhibit only** (registration required) 3 days 4 - 5 - 6 of September	❑ Free of charge Gratuit	❑ Free of charge Gratuit	❑ Free of charge Gratuit

1 US$ = $ 1 CAD

No registration will be validated without certificate or proof

* Prices in euros are for indication only. The price in euro will fluctuate according to rate of exchange at the time of registration.

PAYMENT

Please find enclosed the total payment of :

❑ **Bank check in €** to Euromedicom (only for CEE)

❑ **Bank transfer in €** to Euromedicom

In case of payment by bank transfer, **please add 15 €** to the total fees (bank charges)

Total : .....

Paying bank: HSBC - HERVET ASNIERES	**Bank code: 30368**	**Key digits: 61**
Address: 74 avenue de la Marne - F-92600 Asnières	**Branch code: 00084**	**IBAN : FR 92 3036 8000 8400 8416 G000 161**
Account holder: Euromedicom sarl	**Account number: 008416G0001**	**BIC - SWIFT : BHVTFRPP**

OBLIGATORY: You must **INDICATE THE REGISTRANT NAME + "PACAAM08"** on your bank transfer documents.
VERY IMPORTANT: Payment by bank transfer must be done **at least 10 days before the congress**. Beyond this limit we will not be able to process and consider your transfer and you will have to make your PAYMENT ON SITE.

❑ **Credit card**: ❑ Visa ❑ Eurocard/Mastercard ❑ American Express ❑ Diners Club

Card number: ____ ____ ____ ____

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Signature :

CANCELLATION POLICY: • Before July 30, 2008: refund -10% • Between August 1 and 30, 2008: refund -30% • After September 1, 2008 : no refund

Please fill 1 FORM PER PERSON and send to:

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Online **registration with secured payment by credit card payment available at: www.euromedicom.com**