



# REGISTRATION FORM

Please mail or fax to:

VISTA

EURO-PDT 2018

24 rue Erlanger

75016 Paris, France

Tel: +33 (0)1 46 43 33 42 - Fax: +33 (0)1 46 24 88 38 - Email: europdt2018@groupevista.com

## CONTACT DETAILS

Please select:  Delegate  Invited Speaker

Title

Last Name

First Name

Institution/Company

Address

Zip

City

Country

Phone

Fax

Email

ACCOMPANYING PERSON

Last Name

First Name

## REGISTRATION/DINNER FEES

17th EURO-PDT Annual Congress

March 16 and 17, 2018 - Le Méridien Nice, France

590 €

€

Annual Congress Dinner, March 16, 2018

60 € x \_\_\_\_\_ pers

€

**TOTAL**

€

## REGISTRATION/DINNERS CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions:

- . Until January 10<sup>th</sup>, 2018: 50% refund
- . After January 10<sup>th</sup>, 2018: no refunds will be issued
- . All refunds will be processed after the meeting

I have read and accept the registration/dinners cancellation policy

Date

Signature

## PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT to:

Bank code: 30788 - Sort code: 00900 - Account n° 01220780001 - Key 52 - IBAN: FR76 3078 8009 0001 2207 8000 152 - BIC: NSMBFRPPXXX  
(copy of bank transfer must be sent along with registration/hotel reservation form)

By credit card (+4% processing fees)  Visa  Eurocard/Mastercard

Cardholder

Card number

Signature

Card verification code (3 digits on back of card) \_\_\_\_\_ Expiry date \_\_\_\_\_ (month) \_\_\_\_\_ (year)