EURO PDT 12th Annual Congress

The European Society for Photodynamic Therapy

25-26 May 2012
Tivoli Hotel & Congress Center
Copenhagen, Denmark
www.euro-pdt.org

Platinum sponsor
GALDERMA
Committed to the future of dermatology

CopeNhaGeN

REGISTRATION FORM

Please mail or fax to:

VISTA
EURO-PDT 2012
9 rue Henri Martin
92772 Boulogne Billancourt Cedex - France
Tel: +33 (0)1 46 43 33 42 - Fax: +33 (0)1 46 24 88 38 - Email: europdt2012@vista-fr.com

DELEGATE

Title

Last Name First Name

Institution/Company

Address

Zip City Country

Phone Fax

Email

ACCOMPANYING PERSON Last Name First Name

REGISTRATION/DINNER FEES

12th EURO-PDT Annual Congress 25-26 May 2012, Tivoli Hotel, Copenhagen	590 €	€
Welcome Dinner, 24 May 2012	65 € x _____ pers	€
Annual Congress Dinner, 25 May 2012	65 € x _____ pers	€
	TOTAL	€

REGISTRATION/DINNERS CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions:
. Until 1st March 2012, 50% refund
. After 1st March 2012, 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** ☐ Visa ☐ Eurocard/Mastercard

Cardholder Card number Signature

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

☐ **By check in Euros** (payable in France to the order of VISTA/EURO-PDT)