

**FIRST INTERNATIONAL SYMPOSIUM OF THE JOURNAL :
HORMONE MOLECULAR BIOLOGY AND CLINICAL INVESTIGATION
11-14 September 2010 - Seefeld, Tyrol, AUSTRIA**

REGISTRATION / FORM A

ACTIVE PARTICIPANT

Date : _____

Surname: _____

First Name(s): _____

Title(s): _____

Institution: _____

Tel. N°: _____

Street: _____

Fax N°: _____

City / Post Code: _____

e-mail: _____

Country: _____

ACCOMPANYING PERSON(s)

STUDENT(s) *Place cross in appropriate box*

Surname: _____

First Name(s): _____

Surname: _____

First Name(s): _____

The registration fees are indicated below and can be paid in Euros or the equivalent in US\$. The registration fee includes a reception on Saturday 11th September, three lunches and coffee breaks on Sunday 12th, Monday 13th and Tuesday 14th. A Tyrolean dinner, and cheese & wine, are also included.

Payment of the registration fee can be made :

A) **by credit card:** Visa Master Card American Express
 Card holder's Name: _____ Card holder's Signature: _____
 Card Number: _____ Card Expiry Date: _____

B) **by check** enclosed with Registration Form A and made payable to :
ASSOCIATION URHOCA (Hormones & Cancer) (1st Intl Symp. HMBCI, Seefeld)

C) **by bank transfer** to: ASSOCIATION URHOCA (Hormones & Cancer)
 45 Boulevard Brune, 75014 Paris, France,
 "1st Intl Symp. HMBCI, Seefeld", through the following bank :
BNP-PARIBAS PARIS ALESIA - Account N°: 00010057645 – 1st Intl Symp. HMBCI, Seefeld
 Code banque: 30004 - Code guichet: 00158 - RIB: 91
 IBAN: FR76 3000 4001 5800 0100 5764 591 - BIC (Bank Identification Code): BNPAFRPPGGB

Note: If you pay by bank transfer please send a copy of the transfer order to Prof. J.R. Pasqualini.

	<u>N° of persons</u>	<u>Taxes included</u>	<u>TOTAL</u>
Active Participants (before 20th June 2010)	_____ x	680 Euros =	_____
Active Participants (after 20th June 2010)	_____ x	720 Euros =	_____
Student Participants (before 20th June 2010)	_____ x	500 Euros =	_____
Student Participants (after 20th June 2010)	_____ x	550 Euros =	_____
Accompanying Persons (before 20th June 2010)	_____ x	350 Euros =	_____
Accompanying Persons (after 20th June 2010)	_____ x	400 Euros =	_____
		TOTAL =	=====

Surname: _____ **First Name(s):** _____
Address: _____

I enclose herewith /I have sent directly by bank draft/ the sum of Euros /or the equivalent in US\$/ to cover the registration fee(s) for an active participant /and accompanying person(s)/ to attend the "1st International Symposium of the journal : Hormone Molecular Biology and Clinical Investigation" (HMBCI 2010, Seefeld). / **Delete where not valid!**

Please complete this form and send to: Prof. J. R. PASQUALINI, by either :
Fax : 33-1-4542-6121 or e-mail : Jorge.Pasqualini@wanadoo.fr