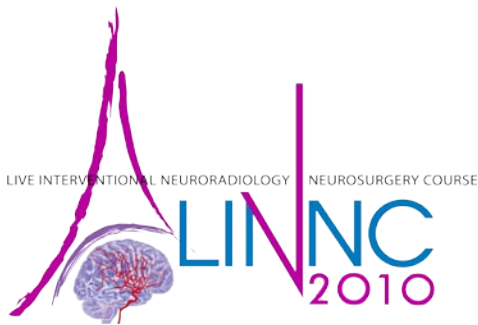


# REGISTRATION FORM



LINNC & ACINR  
2nd JOINT MEETING  
I S T A N B U L  
HILTON CONFERENCE CENTER  
JUNE 2-4, 2010



ANATOLIAN COURSE OF INTERVENTIONAL NEURORADIOLOGY

## PARTICIPANT

MR  MRS  MS  DR  PR

ESMINT MEMBER

FAMILY NAME : .....

FIRST NAME : .....

HOSPITAL OR INSTITUTION : .....

ADDRESS : .....

ZIP CODE : ..... CITY : ..... COUNTRY : .....

PHONE : ..... FAX : ..... E-MAIL : .....

SPECIALITY : .....

DISABLED PERSON

## REGISTRATION (VAT INCL.)

REGULAR RATE ..... 800,00 EUROS / **900,00 EUROS**  
 REDUCED RATE\* ..... 300,00 EUROS / **400,00 EUROS**

*From May 20, 2010*

(\*The reduced rate is reserved for the participants of less than 30 years - please send a copy of your ID card)

**Registration fees cover entitlements including access to the conference room, a congress document case and admission to the luncheons and gala dinner. ESMINT MEMBER CAN OBTAIN A 50 EUROS DISCOUNT ON FEES.**

## LUNCHEONS

Wednesday June 2, 2010  Yes  No  
Thursday June 3, 2010  Yes  No  
Friday June 4, 2010  Yes  No

## GALA DINNER

Thursday June 3, 2010  Yes  No  
Accompanying person(s) Nb : \_\_\_\_\_ X 100 EUROS  
**TOTAL = \_\_\_\_\_ EUROS**

**TOTAL (REGISTRATION + GALA DINNER) = \_\_\_\_\_ EUROS**

## PAYMENT

BY BANK CHEQUE in euros, payable in France to the order of EUROPA ORGANISATION/LINNC

BY CREDIT CARD.

Visa / Eurocard/Mastercard  American Express  Diners

I, the undersigned M \_\_\_\_\_ (card holder's name) authorize EUROPA ORGANISATION to debit the sum of \_\_\_\_\_ euros on my credit card.

Card n° :

Expiration date :   /

Note the 3 last digits on the back of your card :

(Note the 4 last digits for Amex)

Dated at \_\_\_\_\_, on \_\_\_\_\_

Signature required

## CANCELLATION

Cancellation should be notified in writing by mail, e-mail or fax to Europa Organisation / Cancellation received before April 10, 2010: a fee of 100 euros will be charged / Cancellation received between April 10 and May 12, 2010: 50 % penalties /

Cancellation received after May 12, 2010: no refund

Dated at \_\_\_\_\_, On \_\_\_\_\_

Signature compulsory

## TRAVEL DISCOUNT

I would like to receive an AIR FRANCE discount voucher

**PLEASE RETURN BEFORE MAY 20, 2010 TO:**  
**EUROPA ORGANISATION**  
5 RUE SAINT PANTALEON - BP 61508  
31015 TOULOUSE CEDEX 6 - FRANCE  
Fax: +33 (0) 5 34 45 26 46  
e-mail: [insc-linnc@europa-organisation.com](mailto:insc-linnc@europa-organisation.com)  
<http://www.linnc-acinr.com>