

REGISTRATION FORM



the IFODS

International and French Oncology Days
Les Journées Franco-Internationales d'Oncologie

CITY GEORGE V : 28, avenue George V - 75008 PARIS > **13-15 JUNE 2018**

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

IME - International Medical Events - 19-21 rue Saint Denis - 92100 Boulogne-Billancourt, France
Fax: +33 1 41 04 04 11 - Email: valerie.caillon@im-events.com
You may also register online at: www.icact.com

Please take care of some specific registration deadlines

International Medical Events (IME)

19-21 rue Saint Denis
92100 Boulogne-Billancourt
FRANCE

Email:
infos@im-events.com

CONTACTS:

Organisation Committee
Tel : + 33 1 41 04 04 04
Fax : +33 1 41 04 04 11

Email:
valerie.caillon@im-events.com

Travel Information & Accommodation

Tel : + 33 1 41 04 04 04
Fax : +33 1 41 04 04 11

Email:
mathilde.mangin@im-events.com



Please tick the appropriate boxes

PLEASE TYPE OR PRINT WRITING ONLY

Reservation Confirmation will be sent to the e-mail address or fax number provided on this form

1. PARTICIPANT

Pr Dr Mr Mrs Speciality:

Last Name: First Name:

Institution/Company:

Address:

.....

Zip Code: City: Country:

Phone: Fax:

Email:

2. ACCOMPANYING PERSON

Delegate Non Delegate

Pr Dr Mr Mrs Speciality:

Last Name: First Name:

Institution/Company:

Address:

.....

Zip Code: City: Country:

Phone: Fax:

Email:

3. REGISTRATION FEES

Price per Delegate	Registration Fees	Cancero Nurses
From Nov. 15 th 17 to March 15th 2018	<input type="checkbox"/> 450 €	<input type="checkbox"/> Droit d'inscription GRATUIT Déclaration d'activité enregistrée sous le N° 11 75 459 05 75 auprès du Préfet de la Région Ile de France
From March 18th 18 and on site	<input type="checkbox"/> 550 €	
SUBTOTAL A:	Price unit € x pers. = €	

The registration fees allow access to the exhibition area, the scientific sessions, the poster area, all satellite meetings of IFODS and all the congress documents and bag. * Please attach official certificate from your institution. Therefore complete Student registration (including Form, Certificate and Payment) will only be accepted by fax or post mail.

Policy

- Total payment is due upon registration
- Before April 2nd, 2018: 50% cancellation fees
- From April 3rd, 2018: no refund

4. ABSTRACT SUBMISSION

Deadline: April 15th, 2018

Please visit our website www.icact.com for detailed submission guidelines.

Did you submit an abstract ? YES NO



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5. PAYMENT

TOTAL AMOUNT DUE :€

Payment have to be made in advance by one of the following methods:

By check – Amount of €

Payable to International Medical Events

And send to: IME (International Medical Events) – 19-21 rue Saint Denis - Boulogne-Billancourt, France

Reference to mention on all wire transfer : EQUA 2081 + **name of participant or N° of invoice**

By wire transfer – Amount of €

To: Bank code: 30066-Place: 10934 – Account: 00010132314-Key: 30

IBAN: FR76 30066 10934 000 10132314 30

Bank address: CIC PARIS SAINT HONORE ENTREPRISES – 11 RUE D'AGUESSEAU – 75008 PARIS

Reference to mention on all wire transfer: EQUA 2081 + **name of participant or N° of invoice**

By Visa card **By Master card**

CARD HOLDER Name First Name: Signature:

Amount authorized:€

Card Number: |___|___|___|___| Expiration: __/__/

Crypto: |___| Three last numbers on the backside of the card

Date: __/__/2018

Signature:

My signature above authorizes assigned IME to charge my credit card for the deposit amount shown bellow and for the balance sold due on May 15th, 2018

CANCELLATION & CHANGE

Any cancellation or change must be submitted in writing to International Medical Events (E-mail or Fax only).

A confirmation number will be sent to you.

Please retain the cancellation confirmation number from International Medical Events to resolve any credit card disputes.



International Medical Events (IME) est une marque de la société Equatour.

Equatour, 19-21 rue Saint Denis, Boulogne-Billancourt - France - Tél: + 33 1 41 04 04 04 – fax: + 33 1 41 04 04 11
S.A.R.L au capital de 1 000 000,00 € - RC Paris B 343903639000 31 - Code APE 633 Z – IM 075 10 0360.

Garantie financière APS - Assurance RCP HISCOX 00 77879

En cas de litige, le tribunal de Commerce de Paris sera compétent et ce même en cas de pluralité de défendeur ou d'appel en garantie