

REGISTRATION FORM : 7th EVSSAR Congress
Louvain-La-Neuve, Belgium, May 14th-15th, 2010

To be faxed to n° : 00 32 10418280

Take advantage of the early registration fee until march 15th, 2010
Hotel reservations special rates – see EVSSAR webpage

First Name : _____(Required)

Last Name : _____(Required)

Position : _____

Titles and Qualifications : _____

Email : _____(Required)

Phone number : _____

Institution : _____

Address : _____

Postal code and Town : _____

Country : _____

Invoice address : _____

Tax ID (optionnal) : _____

Registration
Congress

The registration fee covers sessions, coffee breaks, lunches, welcome party and abstract book.

EVSSAR member

Early Reg (until March 15th) :_ **160 €**_, Regular (after March 15th) :_ **200 €**

Non-EVSSAR member

Early Reg (until March 15th) :_ **200 €**_, Regular (after March 15th) :_ **240 €**

Student

Students have to certify their position by Student ID card or Dean Letter
to be faxed to n° 003210418280.

Early Reg (until March 15th) :_ **80 €**_, Regular (after March 15th) :_ **90 €**

Welcome Party (Friday evening 14th)

Free ! (Included in registration fee)

Gala Dinner (Saturday evening 15th). Only 130 seats available !

___ **40 € per person** ___ Number of persons : _____ Total Euro: _____

Hotels

In order to organise efficiently the shuttle service, Please indicate in which Hotel you are staying .

Please remember : the shuttle buses will leave from these four hotels only !

Check box accordingly:

- 0 Holiday Inn Brussels Airport
- 0 NH Hotel Brussels Airport
- 0 Thon Hotel Brussels Airport
- 0 Ibis Brussels Airport
- 0 None of these

Number of persons who are not registered and will take the shuttle with you to Louvain-La-Neuve : _____

Financial details:

Payment may be made by credit card or bank transfer. (Please check box accordingly)

I choose to pay by Bank Transfer : 0

Statement :

I paid ____€ by bank transfer to EVSSAR account number 068-2231329-65 DEXIA Bank
IBAN: BE18 0682 2313 2965 BIC (SWIFT): GKCCBEBB

All bank charges are at sender expense. **Please indicate your Name!**

I choose to pay by Credit Card : 0

Please debit my Credit Card : Visa: 0 Mastercard: 0

Credit card number : _____

Expiry date (mm/yy) : _____

Name of the Holder : _____

CVC code (3 or 4 digit code): _____

The three-digit number at the back of your card at the right side of your credit card number

Total amount paid : Euro : _____

Date : _____

Please note : Cancellation fee:

Complete refund of fees paid if cancellation is requested before April 30th, 2010.

25% of total fees paid withheld if cancellation is requested after April 30th, 2010.

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