

REGISTRATION FORM

Please complete and return to
Symposium DISC 2002
ENSEEIH/ LIMA, 2 rue Camichel – BP 7122
31071 TOULOUSE CEDEX 7 – FRANCE
Fax: +33 5 61 58 83 06

Last Name: First name:
Company:
Address:
.....
Phone: Fax:
Email:

REGISTRATION FEES

No reimbursement for cancellation after October, 10th.

	before Sept. 15th	after Sept. 15th
<input type="checkbox"/> Full fees	320 €	400 €
<input type="checkbox"/> Student fees	180 €	225 €
Extra banquet ticket		60 €

PAYMENT

I have paid by bank transfer the amount of € (bank fees at my charge, copy enclosed)
to:

account: CNRS AGENT COMPTABLE MIDI PYRÉNÉES

opened at: Trésorie Générale de la Haute Garonne, Place Occitane, 31039 Toulouse

Domiciliation: 100071 31000 00003001253 51

I authorize the Agent Comptable du CNRS, DR Midi-Pyrénées to charge my credit card (VISA, MASTERCARD, EUROCARD only)

Amount to settle: €

Card name:

Holder name:

Card Number: Expire date:

Date and signature: