



European Sarcoma and GIST Surgery Master Class

Institut Gustave Roussy

October 13th-14th, 2014

Please return the completed form (by e-mail or fax) to:

eSURGE Secretariat
Connect Factory Travel - Bat. "5e Avenue"
47 rue Louis Blanc - 92400 Courbevoie – France
E-mail : esurge@connectfactory.com • Fax : +33 (0)1 41 16 54 68

PARTICIPANT

Please complete the following form with your personal data.

This information will be used on your delegate badge at the Meeting

☐ *Dr. ☐ *Pr. ☐ *Mr. ☐ *Mrs. ☐ *Ms.

Family name*: First name*:

Specialty*:

Company / Institute: Department:

Professional address*:

Postal / Zip Code*: City*: Country*:

Phone*: Fax: Mobile:
(With country code)

E-mail *:

(This e-mail address will be used to confirm your registration and to send you all information regarding the meeting)

Age: ☐ -30 years ☐ 30 to 39 years ☐ 40 to 49 years ☐ 50 to 59 years ☐ 60 years & more

(*): Mandatory fields

PARTICIPANT FEE

576 € (including taxes - VAT 20%)

Due to space restrictions, attendance will be limited to a maximum of 150 attendees.
Registrations will be closed as soon as the first 150 paid registrations have been obtained.

The registration fee includes:

- Admission to scientific session
- Training material
- Lunch on Monday, October 13th and Tuesday, October 14th
- Coffee-breaks
- Farewell dinner on Monday, October 13th

I will participate in the farewell dinner on Monday October 13th:

☐ Yes

☐ No

PAYMENT

The payment is required to guarantee registration.

Registration: = 576,00 € (incl. taxes)

Payment:

- ☐ By bank transfer, without charge to the beneficiary, should be made to:
(Please join a copy of the bank transfer with the registration form)
CONNECT FACTORY TRAVEL / Account number: 12195600200 / Bank: Credit du Nord / IBAN CODE: FR76 3007 6020 6312 1956 0020 013
SWIFT BIC: NORD FR PP
- The name and address of the participant should be clearly stated on the bank transfer.
- ☐ By credit card:
Please note that all fields are mandatory
All balances debited or credited to your credit card are in €. Exchanges rates are determined by your credit card provider.
- ☐ Amex (+4% handling fee) ☐ Visa ☐ MasterCard
- Credit card number: _____ Exp. Date: ____ / ____
- Card Security ID Number / CVV2: _____
- Cardholder's Name (as printed): _____
- Cardholder's Signature: _____

Your signature above authorizes CONNECT FACTORY TRAVEL to charge the above mentioned amount to your credit card and confirms that you have read and accepted the payment and cancellation policies. CONNECT FACTORY TRAVEL reserves the right to charge the correct amount if different from the Total Payment listed above.

CANCELLATION POLICY

Before August 13th, 2014 – Refund (charge of 50 € added).
No refund will be possible for cancellations after August 13th, 2014.