ECP’97 Registration Form

Name:

Institution / Affiliation:

Address:

City:

Zip Code: Country:

Phone:

Fax: E-mail:

Registration Fees	Amount (in French Francs)
Early registration (2500 FF):	
Late registration, after September 12 (2700 FF)	
Additional banquet tickets (250 FF per ticket)	
Total amount	

Date: Signature

Method of Payment:

Credit Card (only CB, VISA, Master Card, Euro Card)

Card type:	
number	
expiration date	
amount	
date	
signature	

Bank transfer: I have remitted (amount): FF on (date)

through (your bank name) to the account of:ADERMIP

Bank Name	Banque Courtois
Account Name	A.D.E.R.M.I.P.
Domiciliation	Toulouse Remusat
code banque	10268
code guichet	02504
account number	12719500200
cle rib (key)	49

ECP'97 Registration form

I will pay with a credit card at the conference registration desk

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fill the form and fax it or mail it to Sylvie Barrouquŧre -
ADERMIP - Z.I. Montaudran
3 Avenue Didier DAURAT - 31400 Toulouse (FRANCE)
Tel: (33) 5 62 47 49 89 / Fax: (33) 5 61 80 81 75

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