

Registration Form

Please return this form together with full payment as soon as possible and before the deadline stated to benefit from the early registration fee, to:
CESIO 2008 c/o MCI - 24, rue Chauchat - 75009 Paris - France - Fax: +33 (0)1 53 85 82 83
 (Please write in capital letters or staple a business card for all your details).

For an easier and faster registration, visit: www.cesio2008.com

A/ PARTICIPANT

Pr Dr Mr Mrs Ms

FAMILY NAME:

FIRST NAME:

INSTITUTION/COMPANY:

STREET/PO. BOX:

POSTAL CODE: CITY:

COUNTRY:

PHONE: FAX:

EMAIL:

Please note that your name and address will be published on the Congress' official list of participants or web site unless you tick the box below.

I do NOT wish my name and address to appear on the Congress' official list of Participants or the website.

B / ACCOMPANYING PERSON(S)

B1 Mr Mrs Ms

FAMILY NAME :

FIRST NAME :

B2 Mr Mrs Ms

FAMILY NAME :

FIRST NAME :

C/ INFORMATION ABOUT THE PARTICIPANT

Affiliation

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Academic World | <input type="checkbox"/> QA / QC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Government / Institutions | <input type="checkbox"/> Regulatory Affairs | _____ |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> R&D | |
| <input type="checkbox"/> Product Steward | <input type="checkbox"/> Production | |
| <input type="checkbox"/> Safety & Environment | <input type="checkbox"/> Purchasing | |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Supply chain / logistics | |

D/ REGISTRATION FEES

	Until 7 April 2008	After 7 April 2008	On-site
Delegate from industry	1320 € <input type="checkbox"/>	1560 € <input type="checkbox"/>	1800 € <input type="checkbox"/>
Delegate from the Academic World, Government and Institutions		430 € <input type="checkbox"/>	
Student*		145 € <input type="checkbox"/>	
Accompanying person (package price-see page 17)	 X 360 € <input type="checkbox"/>	

* Please provide a student certificate

TOTAL €

I would like to receive SNCF Voucher(s)

E / EVENING ACTIVITIES

(these activities are included in the participant's registration fee and in the accompanying person package IF you register in advance.)
PLEASE CONFIRM YOUR ATTENDANCE BELOW!

- Welcome Reception** person (s) I will not participate
- Concert at St Eustache** person (s) I will not participate
- Dinner at the Louvre** person (s) I will not participate

F / TOURS

(unless otherwise mentioned, these activities are included in the accompanying person package IF you register in advance.)
PLEASE CONFIRM YOUR ATTENDANCE BELOW!

- F1 - Châteaux de la Loire** X 550 € =
- single room supplement** X 70 € =
- F2 - Normandy** X 550 € =
- single room supplement** X 70 € =
- V1 - Paris City Tour** person (s)
- V2 - Claude Monet at Giverny** person (s)
- V3 - Walking Tour of the Marais District** person (s)
- V4 - Walking Tour of Montmartre** person (s)

OR

TOTAL F: €

G / ACCOMMODATION (see hotel list)

Please indicate your choice of hotel and note the deposit to pay (minimum of 1 night).

HOTEL CHOICE (Please indicate below)	ROOM TYPE	DEPOSIT TO PAY
1st choice :	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
2nd choice :	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
3rd choice :	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
Reservation fees		+ 20 €

TOTAL G (Deposit + Reservation fees): €

Arrival: ____ / ____ / 2008 **Departure :** ____ / ____ / 2008

HOTEL RESERVATION DEADLINE: 30th April 2008

*Hotel reservation requests received after this date may not be guaranteed and will be made according to availability only.
Reservation received without the required deposit and reservation fees will NOT be processed.*

TOTAL AMOUNT TO BE PAID (D+F+G) = €

H/ PAYMENT

- by **cheque in Euros (€)** to the order of CESIO 2008 / MCI
- by **bank transfer** to the order of **CESIO 2008 / MCI** to:
Bank: Crédit Lyonnais (LCL) - Bank code: 30002 - Sort Code : 00424 - Account Number: 0000008693E - Key: 11
Bank address: 205, Boulevard St Germain - 75007 Paris, France
IBAN: FR39 3000 2004 2400 0000 8693 E11 - BIC: CRLYFRPP

- by **credit card:** VISA / MASTER / EUROCARD / AMERICAN EXPRESS (no other cards accepted);
I authorize the Congress Office to debit my card for the amount indicated here above :

Number :

Expiry date: (please do not forget) CVC:

CARDHOLDER'S NAME: SIGNATURE:

I hereby accept all the registration conditions and agree to the payment corresponding to my requests.
(Compulsory : Please sign for ALL forms of payment. Forms without signature will not be processed)