

<b>Secretariat Use Only</b>
<b>Date Received:</b>
<b>Registration N°:</b>

**International Conference.**

**Pharmaceutical Products in the Environment: Is there a problem?**

June 3 - 4<sup>th</sup>, 2013, Novotel Atria, Nimes, France

## REGISTRATION FORM

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Please complete the form and send by e-mail to the Conference Secretariat.

Should you have any questions, please do not hesitate to contact the secretariat:

[pharmas.conf@ehesp.fr](mailto:pharmas.conf@ehesp.fr)

### Personal information (Please type or print clearly in CAPITAL LETTERS)

\*all fields marked with a star are required for registration

\***Title:**  Mr.  Mrs.  Ms.  Prof.  Dr.  Others (Please specify : \_\_\_\_\_)

\***Function at conference:**

Delegate  Student  Invited speaker  Committee member

\***Please choose position:**

Senior researcher  Post-doctoral fellow  Doctoral student  Other: \_\_\_\_\_

\***First(Given) name:**

\***Middle name:**

\***Last (Family)name:**

\***Organization:**

**Postal Address:**

**Postal code :**

**City:**

**\*Country:**

\***Tel: (country code – area code – tel n°)**

\***Email address:**

\***Special dietary requirements:** (please tick your choices)

None  Vegetarian  No beef  No pork  No sea food  Other: \_\_\_\_\_

**\*Registration fees\*:**

Fee includes VAT (19.6%)	Registration (by 30 / 05 / 2013)	N° of attendant	Subtotal
Regular participants	€ 550	x _____	
PhD students	€ 350	x _____	
PharmaCluster partners	€ 150	x _____	
Social Dinner	<input type="checkbox"/> Attend <input type="checkbox"/> Not attend		Included
Post conference Workshop (5/06/13)	€50 (conference attendant) €100 (only workshop attendant)	x _____	
<b>TOTAL AMOUNT</b>			

Fees will cover attendance to the conference, the abstract book, coffee breaks, lunches and the social dinner.

\* Payment in Euro (€), should be made in advance by bank transfer (payment by cheque will be accepted upon request)

Bank: TRESOR PUBLIC RENNES(France)  
 Account holder: "EHESP AGENT COMPTABLE"  
 Bank account: 10071 35000 00001005192 79  
 IBAN - FR76 1007 1350 0000 0010 0519 279  
 BIC: TRPUFRP1

An pro-format invoice can be established upon request. Please contact: [pharmas.conf@ehesp.fr](mailto:pharmas.conf@ehesp.fr)