

Malta Skin-Ageing 2009 - October 29-30 2009

You can register online with our online security system or please fill in this form and send it to ISANH: + 33 1 55 04 77 57

Mr Mrs. Pr Dr

First Name _____
Last Name _____
Company _____
Organisation _____
Department _____
Address _____
Postal Code _____
City _____
Country _____
Phone _____
Fax _____
Email _____
VAT Number _____

Registration Fee

All prices are in euro

Please Check		
1	Registration Fee - Students/Academics - Before September 7, 2009	395 € <input type="checkbox"/>
2	Registration Fee - Students/Academics - After September 7, 2009	445 € <input type="checkbox"/>
3	Registration Fee - Industrials- Before September 7, 2009	850 € <input type="checkbox"/>
4	Registration Fee - Industrials- After September 7, 2009	895 € <input type="checkbox"/>
5	Accompagny Person	225 € <input type="checkbox"/>
6	Abstract Book	125 € <input type="checkbox"/>
7	Gala Dinner	65 € <input type="checkbox"/>

If you want to register more than 3 attendees, please contact us

SALES CONTRACT

Task Force Group is authorized by ISANH, the scientific organizer of the conference, to handle all the conference logistics and payments.

TERMS AND CONDITIONS

REFUND POLICY, CANCELLATIONS/SUBSTITUTIONS

Refund of the registration fee must be applied for in writing to the conference secretariat. One month prior to the conference, 50% of the registration fee will be refund. After the said date, no refunds will be given. Substitutions are free of charge, but you must submit a letter authorizing the transfer signed by the registered delegate two days before the event starting date.

AUTHORIZATION

Signatory must be authorized to sign on behalf of contracting organization.

I agree with these sales contract conditions.

NAME:

POSITION:

DATE:

SIGNATURE:

SPECIAL ASSISTANCE

If you have a disability and require special assistance during the conference, please check this box and attach a letter describing your specific needs or requirements.

Note: Confirmation of your booking will only be sent when FULL PAYMENT is received.

Payment (registration forms must be accompanied by full payment) :

My payment will be effected by bank transfer to Emirates bank International, Mankhool St. Bur Dubai, Dubai.

ACCOUNT NAME: Task Force Group
ACCOUNT NO: 0058-100185-125
SWIFT CODE: EBILAEAD

Please enclose a copy of the bank transfer with your registration form. Bank fees are at your charge.

- I have enclosed a certified checks made payable to Task Force Group with this form. Checks must be drawn on a French bank in Euros.
- Charge the total amt due to this credit card :
 EURO/MASTER/ACCESS VISA
(registration fee will be deducted from your credit card by Task Force Group prior to the congress)

Card Holder Name : _____

Credit Card No : _____

Expiry Date : _____

Security Code : _____

Place : _____

Date : _____

Signature : _____



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E-mail: taskforcegroup@rakfzbc.ae

