



REGISTRATION FORM

9th MMMW – L'Océanogràfic – Ciudad de las Artes y las Ciencias
Valencia – Spain, Dec 1 - 4, 2007

Please send back to Dr. Géraldine Lacave at the e-mail address below

NAME (Last/first) :

TITLE (as should appear on your name tag):

FACILITY/AFFILIATION :

ADDRESS :

PHONE :

FAX :

E-MAIL :

Payment information : (Please check the appropriate boxes)

- Registration fee : 750,00 EUR

Optional: Monday (3/12) dinner at Underwater Restaurant: 55,00 EUR

Note: registration fees include all lunches and evening events except the optional Monday dinner.

- For companion :

Saturday (1/12) cheese and wine evening : 32,00 EUR

Sunday (2/12) dinner and visit to Old Valencia : 90,00 EUR

Monday (3/12) dinner at Underwater Restaurant : 55,00 EUR

Tuesday (4/12) closing dinner at Oceanos restaurant: 55,00 EUR

Lunches (price per lunch) : 27,00 EUR

Sat – Sun – Mon – Tue

Total amount: € 0,00

Money order : OR Visa - Eurocard/Master card

*(enclose copy of bank transfer, take
the bank charges for your
account, mention your name)*

MM Medical Workshop

Géraldine Lacave

Dexia Bank

Account 778-5976830-36

Gistelsesteenweg 327

8200 Brugge - Belgium

IBAN : BE46-7785-9768-3036

BIC : GKCCBEBB

- Credit Card Holder :

- Expiration date : /

- Signature : _____

- Credit Card number

(Cancellation policy : 90 % until one week prior to the workshop)