

# Conference Registration

## Paris Anti-Obesity Therapies - 18, 19 may 2006

To register, please fill in this form and return it by regular mail to the Paris Anti-Obesity Therapies 2006 secretariat :  
Paris Anti-Obesity Therapies 2006 - Takayama - 15 Rue de la Paix - 75002 Paris - France.

Phone : +33 1 55 04 77 55 / Fax : +33 1 55 04 77 57  
anti-obesity2006@wanadoo.fr - <http://www.isanh.com>

Mr  Mrs  Pr  Dr First name : ..... Last name : .....  
Company : ..... Organisation : ..... Department : .....  
Address : .....  
Postal code : ..... City : ..... Country : .....  
Telephone : .....  
Fax : .....  
Email : .....

### Paris Anti-Obesity Therapies 2006 registration fees\*

Before March 17th

After March 17th

<input type="checkbox"/> Student** :	295 € TTC	395 € TTC
<input type="checkbox"/> Academic :	495 € TTC	595 € TTC
<input type="checkbox"/> Industrial :	895 € TTC	995 € TTC
<input type="checkbox"/> I wish to purchase the Abstract Book :	95€	
<input type="checkbox"/> I wish to attend the Gala Dinner :	65€ TTC	65€ TTC
Total amount due _____ €		

\*Registration fees include lunches, coffee/tea breaks and the abstract book

\*\*Student : please provide a copy of your student card

### Abstract submission

I wish to present an abstract for :

- Poster session
- Oral Communication session 1
- Oral Communication session 2
- Oral Communication session 3

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

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

My payment has been effected by bank transfer to National Bank of Paris (BNP), 59 Avenue d'Italie 75013 Paris.\*\*\*

Bank Code : 30004

Agency : 00895

Account number : 00010008521 Key : 26

IBAN : FR 76 3000 4008 9500 0100 0852 126

CODE SWIFT : BNPA FR PPP GB

I have enclosed a certified cheque made payable to Takayama with this form

Charge the total amount due to this credit card : AMERICAN EXPRESS – EURO/MASTER/ACCESS – VISA (registration fee will be deducted from your credit card by Takayama prior to the congress)

Name card holder : \_\_\_\_\_

Credit card number : \_\_\_\_\_ Expiry date : \_\_\_\_\_

Signature \_\_\_\_\_ Place : \_\_\_\_\_ Date : \_\_\_\_\_

\*\*\*Fees at your charge

Upon receiving your registration fee per credit card, certified cheque or bank transfer, a confirmation will be sent to you.

Please make a copy of this form for your own file.

Cancellation policy :

Refund of the registration fees must be applied for in writing to the Paris Anti-Obesity Therapies 2006 secretariat.

Cancellations of registration received one month before the conference date will be refunded minus 350 Euros administrative charges.

For cancellations received after this date, no refund can be made. All refunds are settled after the conference.