

Malta Polyphenols 2007 - November 14-16 2007, Malta

To register, please fill in this form and return it by regular mail or fax to Malta Polyphenols 2007 secretariat :
Malta Polyphenols 2007 - Takayama - 15 Rue de la Paix - 75002 Paris - France.
Phone : +33 1 55 04 77 55 / Fax : +33 1 55 04 77 57
polyphenols2007@wanadoo.fr - www.isanh.com

Mr Mrs Pr Dr

First Name.....

Last Name.....

Company.....

Organisation

Department.....

Address

Postal Code.....City

Country

Phone.....Fax.....

Email.....

Registration fee

*All prices are in euro
and do not include VAT*

	Before September 17 2007	After September 17 2007	Please Check
Students*	345 €	450 €	
Academics	595 €	695 €	
Industrials	1190 €	1295 €	
Satellite Symposium (reserved for professionals)	890 €	990 €	
Full entrance (conference+symposium)	1590 €	1690 €	
Additional abstract book	125 €	125 €	
Accompanying person (for lunches, breaks and Gala dinner)	295 €	295 €	
Gala Dinner	75 €	75 €	
Total amount			

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

TERMS AND CONDITIONS

Registration includes: access to the conference room, conference material, lunch and refreshments.
Registration is effective and the fee is due accordingly as soon as we receive the subscription form.

PAYMENT

Payments are accepted by credit card, bank transfer or cheque in euros drawn on a French bank. The fee is usually payable on subscription.

As soon as we receive your registration form, we will send you an registration confirmation and an access map. The contents and speakers are indicated as known on the day the present was printed. Due to unforeseeable incidents, there may be alterations in the content, the timing of the conference or the identity of speakers.

If the conference is cancelled altogether, Takayama's liability will be limited to the amount of the subscription fee, any other cost excluded.

Should the conference be postponed, registrations will remain valid for the new date. Reimbursement of the fee will be granted if asked for within a week after the announcement of the new selected date.

REPLACEMENT/SUBSTITUTION

Replacements are welcome if their name and contact details are provided in writing before the beginning of the event.

CANCELLATION

Cancellation of attendance should be notified in writing. If the notification happens more than 30 days before the beginning of the event, 50% of the total fee will remain due. Less than 30 days before the event the whole amount remains due. Default of attendance bears the same consequences as a late cancellation.

INTELLECTUAL PROPERTY

All intellectual property rights in all materials produced or distributed in connection with this event are expressly reserved. Any unauthorized duplication prohibited.

GOVERNING LAW/DISPUTE SETTLEMENT

The present and the contracts based upon them are subject to French law. Unless an amicable solution is found, any dispute arising from their execution will be settled before the jurisdictions of Paris, France.

AUTHORIZATION

Signatory must be authorized to sign on behalf of contracting organization
I agree that this registration is effective and the fee is due accordingly as soon as the organizer receives the subscription form.
I agree with these sales contract conditions

Name.....

Position.....

Signature..... Date.....

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

My payment has been effected by bank transfer to National Bank of Paris (BNP), 2 place de l'Opéra 75002 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 OP

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 Takayama with this form. Checks must be drawn on a french bank in euros

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 :

Place : Date : Signature



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*Students: Please provide a copy of your student card