



**Please use capital letters**

Surname \_\_\_\_\_ Name \_\_\_\_\_

Private Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Institute Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_


Phone \_\_\_\_\_ Fax \_\_\_\_\_

**For citizens of EEC countries** Fiscal Code/V.A.T. number \_\_\_\_\_

**Registration fee ( + Spanish V.A.T. 16% ):**

After	On site
November 24 <sup>th</sup> , 2006	
€ 350,00	€ 400,00

**I wish to pay by:**

- Credit Card** :  Visa   Mastercard/Eurocard   American Express 
- Cheque in Euro** made out to PUBLI CRÉATIONS
- Bank Transfer** made out to PUBLI CRÉATIONS (please enclose photocopy of bank receipt)

**Bank details: ING Baring Private Bank** (Monaco), 1, avenue des Citronniers, 98000 Monaco (MC)  
IBAN MC 23 1450 8000 0151 0479 3001 D18 BIC (swift) INGBMCMC  
Clearly State: **"4<sup>th</sup> FORUM ON RESPIRATORY TRACT INFECTIONS"**

**Credit Card payment only** Payment shall be made payable to PUBLI CRÉATIONS - Monte-Carlo

Please debit my:  VISA  MASTERCARD/EUROCARD  AMERICAN EXPRESS

PLEASE JOIN A COPY OF CREDIT CARD:

Card holder (Surname & First Name) \_\_\_\_\_ Date \_\_\_\_\_

Signature

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Congress registration € \_\_\_\_\_ Date \_\_\_\_\_

+ € 10,00 (Bank fees)

€ \_\_\_\_\_ (VAT)

Total € \_\_\_\_\_

Signature

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According to the law dated December 23, 1993, you shall have a right of access and correction of your personal data. Date: \_\_\_\_\_

Signature

I authorize the treatment and communication of my personal data as described above.