



**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%):**

Before	After	On site
October 31 <sup>st</sup> , 2008	October 31 <sup>st</sup> , 2008	
€ 350,00	€ 400,00	€ 450,00

**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: **"FIFTH 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

Signature

€ **10,00 (Bank fees)**

€ \_\_\_\_\_ (VAT)

Total € \_\_\_\_\_

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Any requests can be addressed to PUBLI CREATIONS SAM - 74, Bd. d'Italie - 98000 Montecarlo, MC Monaco.

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

Date:

Signature