

REGISTRATION FORM



8TH CONGRESS OF THE EUROPEAN SOCIETY OF CONTRACEPTION • Edinburgh, Scotland, UK – 23-26 June, 2004

Please return to: ESC Central Office, Essenestraat 77, B-1740 Ternat, Belgium
Tel +32 2 582 08 52 - Fax +32 2 582 55 15 - E-mail: congress@contraception-esc.com

PERSONAL DETAILS

Participant

Family/Last Name: Prefix: First name:.....
 Title: Prof. Dr. Mrs Ms Mr
 InSTITUTE:
 Department:
 Street/Number:
 Post code/City: Country:
 Tel.: Fax: E-mail:

The above identification details may be used by the ESC for future mailings. Please place a tick in the box if you do NOT wish your name and address to be included in the following type of mailings:

Not ESC-related activities Company related information

Please note that you have the right to change and to look at the above personal information which is kept by the ESC at any time, by simple request.

Accompanying person

Mrs Ms Mr Family/Last Name: First name:.....

REGISTRATION (please tick the appropriate box)

I am a member of the European Society of Contraception (ESC)

Yes Not yet

All amounts are payable in Euro	before March 15	after March 15	after May 15 or on-site	amount to pay
ESC members	400	500	600
Non-members	450	550	650
Residents, nurses, students*	160	260	400
Accomp. persons (nr. of persons:)	100	100	150
Gala Dinner (nr. of persons:)	100	100	-
ESC membership	50		
Bagged lunch**	<input type="checkbox"/> Thursday, 24 June		11
	<input type="checkbox"/> Friday, 25 June		11
TOTAL AMOUNT DUE in EURO			

* Written evidence of status must be provided by an employer's statement or copy of certificate.

** Please note that free lunches will be provided to delegates attending the 'Meet the Expert' sessions or 'Sponsored Symposium'.

I will participate in the Welcome reception in the EICC's Strathblane Hall
(Wednesday, 23 June, 2004, 19:30 – 21:00) Free of charge.

METHOD OF PAYMENT (please tick the appropriate box)

AMOUNT DUE: EURO

(please read the instructions first and complete according to your chosen method of payment)

Please charge my credit card

- Eurocard/Mastercard
- VISA

Card N°:

Exp. date: /

Name of Cardholder:

Signature:

I enclose a bankers draft in EURO, payable to ESC

(add 10 EURO to cover bank charges)

I will make a bank transfer in EURO (with no costs for the beneficiary)

- Account name: European Society of Contraception
- Bank name: ING Belgium
- SWIFT code: BBRUBEBB
- International Bank Account number (IBAN): BE45 3101 2639 1389
- Bank address: Marktplein 26, B-1740 Ternat, Belgium
- Put in reference: 8th Congress + your name and or/accompanying person

Invoice address

Please invoice to (if different from participants address):

.....
.....
.....
.....

VAT number:

CANCELLATION POLICY

All refunds will incur a 20% handling fee. No refunds will be made after 1 May, 2004.

However, another delegate can be nominated as a replacement. Cancellation must be in writing (by letter or fax, not by e-mail) to the Congress Secretariat. The date of postmark will be used as the basis for considering a refund. All refunds will be made after the Congress. Participants should state the bank details to which refunds should be made.

Signature:..... Date: