## **REGISTRATION FORM**



8<sup>TH</sup> 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: orgamed@pandora.be

## PERSONAL DETAILS

Participant					
Family/Last Name:		Prefix	:	First name:	
Title:	☐ Prof.	□ Dr. □ M	rs	☐ Mr	
Institute:					
Department:					
Street/Number:					
Post code/City:		Cour	ntry:		
Tel.:		Fax:		E-mail:	
☐ Not ESC-related and Please note that you which is kept by the	have the right to	change and to look		sonal information	
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☐ Mrs ☐ Ms ☐ Mr	Family/Last Nati	me:		First name:	
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☐ Mrs ☐ Ms ☐ Mr ☐ Ms ☐ Ms ☐ Ms ☐ Mr ☐ Ms	Family/Last National Family/Last National Family/Last National REGIS  The European Sout yet  The State of the European South yet State of European South yet State of European South Yellow (State of European South Yellow)  The European South Yello	me:	eption (ESC)  after March 1	First name:	
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Accompanying per  Mrs Ms Ms Mr  Mrs Ms Ms Mr  Mrs Ms Ms Mr  I am a member of t  Yes No  All amounts are par  ESC members  Residents, nurses, stu  Accomp. persons (nr. of per  ESC membership	Family/Last National Family/Last National Family/Last National REGIS REGIS Register Family Part National Register Family Part	before March 1  400 450 160	after March 1  500  550  260	after May 15 or on-site  600 650 400	
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☐ I will participate in the Welcome reception in the EICC's Strathblane Hall (Wednesday, 23 June, 2004, 19:30 – 21:00) Free of charge.

 $<sup>\</sup>hbox{$^*$ Written evidence of status must be provided by an employer's statement or copy of certificate.}$ 

## METHOD OF PAYMENT (please tick the appropriate box)

AMOUNT DUE:	EURO			
(please read the instruction	s first and complete according to your choosen method of payment)			
☐ Please charge my	r credit card			
☐ Eurocard/Mastercard☐ VISA	1			
Card N°:				
Exp. date:				
Name of Cardholder: Signature:				
	ers draft in EURO, payable to ESC cover bank charges)			
<ul> <li>Account name: Europe</li> <li>Account N° 310-1260</li> <li>Bank name: ING Belgi</li> <li>SWIFT code: BBRUBI</li> <li>International Bank Account</li> <li>Bank address: Marktpl</li> </ul>	um			
	CANCELLATION POLICY			
However, another delegate of e-mail) to the Congress Secr	A handling fee. No refunds will be made after 1 May, 2004.  an be nominated as a replacement. Cancellation must be in writing (by letter or fax, not by etariat. The date of postmark will be used as the basis for considering a refund. All refunds ress. Participants should state the bank details to which refunds should be made.			
Signature:				