Registration form

10th congress of the european society of contraception – Prague, Czech Rep. – 30 april – 3 may 2008

Please return to: ESC Central Office, Opalfeneweg 3, B-1740 Ternat, Belgium • Tel • 32 2 582 08 52 • Fax • 32 2 582 55 15 • E-mail: congress@contraception-esc.com

Personal detai	ls						
PARTICIPANT							
Family/Last Name:				. First name	e:		
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^{*} Status must be evidenced by a written employers' statement or copy of certificate.

Family /	/ Last	Name:	

Payment details (PLEASE TICK THE APPROPRIATE BOX)				
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However, another delegate can be nomitthe Congress Secretariat. The date of po	e. No refunds will be made after 1 March, 2008. nated as a replacement. Cancellation must be in writing (by letter or fax, not by e-mail) to ostmark will be used as the basis for considering a refund. All refunds will be made after the bank details to which refunds should be made.			
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