



Registration Form

XVIII INTERNATIONAL NEURO-OPHTHALMOLOGY SOCIETY MEETING

JUNE 15-18, 2010 - LYON - France

Carco - Registration and Accommodation Dept

6, cité Paradis - 75010 Paris - France

Tél. : + 33 1 55 43 18 18 - Fax : + 33 1 55 43 18 19 - e-mail : inos2010@carco.fr

REGISTRATION INFORMATION

Prof. Dr. Mr. Mrs. Ms.

Name		First Name	
Invoicing Address		Office <input type="checkbox"/>	Home <input type="checkbox"/>
Institute:			
Dept			
No.	Street		
ZIP Code	City	Country	
Phone	Mobile Phone	Fax	
e- mail			
Accompanying person (Name & First Name)			

REGISTRATION FEES	Before April 30th, 2010	After April 30th, 2010
Physicians	450 €	650 €
Others	350 €	450 €
Students*	175 €	195 €
Congress Dinner	95 €	95 €
Accompanying person	85 €	85 €

including :

participant : access to scientific sessions and technical exhibition, programm, abstract book, badge, certificate, congress bag, 2 lunches (wednesday June 16 and friday June 18), Welcome Reception

accompanying person: Welcome Reception, half-day Lyon city-tour

* Approval letter, signed by the head of the department, required

PRE & POST TOURS

Pre & Post Tours will be organised departing from Paris, South Cost or the Winyard of Burgundy. If you are interested by these options please let us know

EXCURSION on Thursday, June 17 - Half Day Lyon City TOUR **75,00 €**

Purchase order

	Quantity	Unit price	total
Registration fee			
Accompanying person			
Congress Dinner			
Excursion			
Pre & Post Tour : Please contact me <input type="checkbox"/>			
Total (VAT included)			

Payment

Cheque made payable to: CARCO - INOS 2010

Bank transfer - Please send fully completed registration form together with a copy of the bank transfer. Please make drafts payable to: CARCO Object INOS2010 BANK : Société Générale PARIS SAINT MICHEL, Account Number : 00020101306 - SWIFT NUMBER: SOGEFRPP - IBAN number FR76 3000 3035 3000 0201 0130 670 - **Charges are the responsibility of the participant and should be paid at source in addition of the registration fee.**

Credit Card

Visa Master Card American Express

Holder's Name

Number: Expiry Date

Signature Date(day/month/year)

Cancellation & Refund Policies

All cancellations must be faxed, electronically mailed or post-marked. Refund policy : Up to May 1st : 50% refund / After May 1st: no refund