



SHM 2002 / CONFERENCE REGISTRATION FORM

To be received **before 28/06/2002** to :

ENS de CACHAN – Formation Continue et Développement

61 avenue du Président Wilson – 94235 Cachan cedex / France

Tél. +33 1 47 40 27 94 – Fax. +33 1 47 40 24 55 – colloque@fcd.ens-cachan.fr

Registration is completed by sending both form and payment before June 28, 2002.

Other registrations may be accepted during the conference (cash and cheque payment in € - euro - only)

PERSONAL DATA

Mrs. Ms. Mr.

NAME¹ : Surname¹ :

Title, Function :

Institution¹ :

Department¹ :

Address :

Zip Code : City :

Country¹ : Tel. :

E-mail¹ : Fax. :

¹ Information printed on the attendants' list

REGISTRATION

Sur convention de formation continue (only for French firms)

Please tick the appropriate box

	Early Registration Before 1 st of May 2002	Late Registration After 1 st of May 2002
SHM 2002 Conference registration fee (in euro)	<input type="checkbox"/> 340 €	<input type="checkbox"/> 390 €
Additional banquet ticket(s) (in euro)	<input type="checkbox"/> 60 € x	<input type="checkbox"/> 60 € x

TOTAL AMOUNT :

- Registration fee includes access to all sessions, Proceedings, Attendants' list, Coffee-breaks and lunches, Banquet.
- Cancellations with refund will be admitted till 10th of June. Each cancellation (required only by fax) will be charged a 35 € fee. AFTER 10TH OF JUNE REFUNDS WILL NOT BE POSSIBLE (expedition of the proceedings will be possible on simple request by fax). Registration may be transferred to another person without extra cost.

MEANS OF PAYMENT

- CHEQUE** (ONLY IN € - euro - to be sent with this form to the benefit of "Agent comptable de l'ENS Cachan")
- BON DE COMMANDE** (only for French institutions)
- CASH** (ONLY IN € - euro - payment at the registration desk – considered as "late registration")
- BANK TRANSFER** (please join a copy of the order of transfer to this form)

TRANSFER FROM FRANCE

Name of the bank : **TG VAL DE MARNE**

Account nb. : **40071 94000 00003000110 81**

Owner of the account : **Agent Comptable de l'ENS CACHAN**

Please don't forget to mention the following reference : **SHM 2002 and "Your full name"**

TRANSFER FROM ABROAD

Name of the bank : **BANQUE DE FRANCE**

Swift code : **BDFEFRPPXXX**

IBAN : **FR38 3000 1009 0700 00E0 5505 708**

Account nb. : **40071 94000 00003000110 81**

Owner of the account : **Agent Comptable de l'ENS CACHAN – TG VAL DE MARNE**

Please don't forget to mention the following reference : **SHM 2002 and "Your full name"**

TRAVELLER CHEQUES AND CREDIT CARDS CANNOT BE ACCEPTED

ALL REGISTRATIONS AND/OR PAYMENTS DONE DURING THE CONFERENCE WILL BE CONSIDERED AS "LATE REGISTRATIONS"

Date : Signature :