



XIXth FESSH Meeting
XIth EFSHT Meeting

PARIS 2014

June 18th-21st Palais des Congrès - **Registration Form**

First Name Last Name
Address
..... City
Postal/Zip Code Country
Phone Fax
Email (compulsory for confirmation)

CONGRESS REGISTRATION : 18-21 June 2014

Please note : Registrations will be accepted until 1 June 2014. After this date, registrations will only be possible onsite.

Congress Fees

Including : Attendance to all Scientific Sessions & Exhibition, Congress Documentation (including Abstract Book, Instructional Course Book), Opening Ceremony and Welcome Reception, Coffee breaks

Registration Fees

Early Registration
(Before 3 March 2014)

Standard Registration
(From 4 March to 5 May 2014)

Onsite Registration
(After 5 May & onsite)

FESSH Members*	<input type="checkbox"/> 450,00 €	<input type="checkbox"/> 550,00 €	<input type="checkbox"/> 650,00 €
Non FESSH Members	<input type="checkbox"/> 500,00 €	<input type="checkbox"/> 600,00 €	<input type="checkbox"/> 670,00 €
EFSHT Members/Therapists	<input type="checkbox"/> 250,00 €	<input type="checkbox"/> 300,00 €	<input type="checkbox"/> 350,00 €
Residents/ Fellows	<input type="checkbox"/> 200,00 €	<input type="checkbox"/> 250,00 €	<input type="checkbox"/> 300,00 €
Company Delegates	<input type="checkbox"/> 250,00 €	<input type="checkbox"/> 250,00 €	<input type="checkbox"/> 350,00 €
Accompanying Persons	<input type="checkbox"/> 160,00 €	<input type="checkbox"/> 160,00 €	<input type="checkbox"/> 210,00 €

*Membership fees settled. Please indicate the name of the affiliated Society :

Social Event

Gala Dinner Cruise ☐ 120€ ☐ 120€ ☐ 120€

Cancellation Of Registration : Cancellations received before 1 April 2014 will incur a cancellation fee of 50% of paid delegate fee.
Cancellations received after 1 April 2014 are not refundable.

Payment : Payment should be made in euros, payable to MCO. Please indicate "FESSH 2014" and your name on all money transfers.

Total charge :€ ☐ Cheque ☐ Credit Card ☐ VISA ☐ AMEX ☐ MASTERCARD

Card Number : Expiry Date :/...../..... SIGNATURE & DATE:

Cardholder name : Security Name :

☐ I authorise MCO Congrès, the official congress organiser to charge the amount to my credit card