



19-24th January 2014

MEETING REGISTRATION FORM ***for doctors and physicians***

Dr Mr Mrs Miss

FAMILY NAME : **First Name :**

Institute / Hospital :.....

Address :

Post Code : City : Country :

Phone : Fax : E-mail :

CONFERENCE FEES

The fees include registration to the meeting and coffee breaks.

All the sessions will take place at the Congress Centre, located maximum 5 min walk from the hotels.

All facilities are offered in this centre.

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ABC and WIN (from November 31st 2013)..... 700 €

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Société de gestion de Val d'Isère (SEM SOGEVALDI).

Immatriculé au registre des opérateurs de voyages et de séjours sous le numéro : IM073100037



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