



Strasbourg Summer School on Chemoinformatics: CheminfoS3

VVF Obernai, France, 22 – 25 June 2008

REGISTRATION FORM

Please FAX back (2 pages) – no later than **April, 15 2008** – to:
Congrès Louis Pasteur 19, rue du Maréchal Lefebvre 67100 STRASBOURG
Tel : +33 3 90 24 49 38
Fax +33 3 90 24 49 41

Please complete legibly and tick appropriate boxes.

PERSONAL INFORMATION

Name : _____

Surname : _____

Professional address (for the INVOICE) : _____

ZIP CODE : _____ COUNTRY : _____

Personal address (for the CONFIRMATION) : _____

ZIP CODE : _____ COUNTRY : _____

Phone : FAX : _____

E-mail : _____

Accompany persons : Name : _____ Surname : _____

POSTER SUBMISSION

Authors of the poster

Title

The abstracts must be submitted before 15 April 2008

e-mail: c.conf@chimie.u-strasbg.fr

CONFERENCE FEE

Category	single room	double room
Industrials	990 €	-
Academics	600 €	480 €
Students	not available	400 €
Accompany person	not available	500 €

ACCOMMODATION in VVF "Les Geraniums"

I confirm that I require:

- ☐ SINGLE (due to the large number of participants, **single** accommodation can only be guaranteed to **invited speakers**. A waiting list will be established to allow a fair allocation of the rooms, which will be made according to age.)
- ☐ DOUBLE ROOM (sharing with another participant)
Name of the person you wish to share with (not compulsory)
Name : _____ Surname : _____
- ☐ NO ROOM

Special Requirements / Messages (Mention any special dietary requirements (vegetarian, allergies, late arrivals, etc...))

PAYMENT

Please, see the "Instructions for Fee Payment" below.

An acknowledgement of receipt for fee payment will be given at the conference to all paying participants.

- ☐ I have **not** been asked to pay the conference fee for myself (Speakers and Grantees only)

	Please indicate	Amount in EUR
Conference Fee	single - twin - double - non-residential	
Accompany person (s)	names	
TOTAL TO PAY – Net of bank charges		

- ☐ I pay by bank transfer to (**a copy of the bank order should be attached**):

SWIFT number: BDF EFR PP XXX
IBAN n°: FR76 1007 1670 0000 0010 0589 948
TVA intra-communautaire : FR 011 96 71 71 28
Bank: Trésorerie Générale Strasbourg, France

- ☐ I indicate my Visa, Master Card or Eurocard credit card number and expiry date.

I accept that the following credit card will be debited for the total payment

☐ Visa ☐ Master Card ☐ Eurocard

Credit card number (16 digits): /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/

Last 3 digits indicated on the back of the credit card, next to your signature: /_/_/

Expiry date: /_/_/ - /_/_/

Name card holder: _____

Signature card holder : _____ Date : _____