



# 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 fare 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)

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

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 : \_\_\_\_\_