

REGISTRATION FORM

To be returned together with the corresponding payment
to MSL ORG. Congress CSRS 2003 - Av. Diagonal, 491, 6^o1^a - 08029 Barcelona, SPAIN
Tel: 34/ 93 410 68 10 - 4/ 93 489 34 81

Delegate Title: Pr. PhD M.D. Mr. Mrs. Ms.

Last name _____
 First name _____
 Speciality _____
 Address _____
 City _____ Country _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Accompanying person 1. Last name _____ First name _____
 2. Last name _____ First name _____

REGISTRATION FEES

Congress Fees	Before 15/04/03	After 15/04/03
CSRS members	<input type="checkbox"/> 420 €	<input type="checkbox"/> 460 €
CSRS non members	<input type="checkbox"/> 460 €	<input type="checkbox"/> 520 €
Resident Fellow (proof of status must be provided)	<input type="checkbox"/> 350 €	<input type="checkbox"/> 400 €
Accompanying person	<input type="checkbox"/> 250 €	<input type="checkbox"/> 300 €

SOCIAL EVENTS:

Cocktail reception No fees
 Gala dinner in Real Club de Polo(Thursday June 19) Included in the registration fees
 Additional seat.....pers x 80 €
 Musical Spectacle and Dinner- (Friday June 20) NOT included in the registration fees..... pers x 90 €
Regular registration fee includes: Entrance to the sessions, two coffee-breaks and two lunch, Cocktail Reception, and Gala Dinner
Accompanying person registration fee includes:
 Cocktail Reception
 Gala Dinner in Real Club de Polo Thursday June 19
 Thursday tour for the city with lunch
 Friday museum Picasso and lunch

Delegate €
 Accompanying person n°pers €
 Additional seat Gala Dinner n°pers €
 Adjournment dinner (Friday) n°pers €
TOTAL..... €

PAYMENT

BANK TRANSFER TO MSL ORG. CONGRESS CSRS 2003
 SWIFT: C A H M E S M M
 CAJA MADRID, Av. Diagonal, 650 - 08017 Barcelona
 Bank Account Number : 2038 9911 80 6000229825

- You have indicate your name and surname.
- Bookings will not be done until: MSL Org. Congress CSRS 2003 receive the copy by fax.

CREDIT CARD

Visa American Express Master Card
 Card Number _____ Expiry Date _____
 Cardholder's name _____
 I accepted MSL Org. Congress CSRS to charge in my credit card the amount of _____ €
 On _____ at _____ of _____ 2003 Signature _____

REFUNDS:

CSRS Meeting Organisers must receive written notice of cancellation by
 May 15, 2003 for a return (less of 60 € processing fee). No return after May 15, 2003