14th INTERNATIONAL THYROID CONGRESS

PARIS, PALAIS DES CONGRÈS • 11-16 SEPTEMBER 2010

For office use only

N°: ……..
PYT: ……..

10th ETA-CRN Meeting

Irradiation and carcinomas: lessons of Chernobyl for thyroid, implications for the diagnosis and prevention of thyroid papillary carcinoma

September 11th, 2010, 8:00 am – 13.15 pm

REGISTRATION FORM

Please return this form by email or fax as soon as possible to
ITC 2010 c/o MCI France - 24, rue Chauchat – 75009 Paris – France - Fax: 33 (0)1 53 85 82 83
ITC2010reg@mci-group.com

TO REGISTER TO THE ITC CONGRESS, you may also register online at : **www.itc2010.com**

PARTICIPANT

☐ Pr ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

LAST NAME/FAMILY NAME: .....

FIRST NAME: .....

INSTITUTION/COMPANY: .....

DEPARTMENT: .....

STREET/PO. BOX: .....

POSTAL CODE: ..... CITY/STATE: .....

COUNTRY: ..... PHONE: .....

FAX: ..... EMAIL: .....

REGISTRATION FEE

(Limited number of seats/requests will be handled on a first-come first-served basis):

10th MEETING OF ETA-CRN (Saturday 11 Sept., from 8:00 am to 1:00 pm)	❑ 120 €

PAYMENT

by **bank transfer** in Euro (€) to the order of **ITC 2010 c/o MCI France** to:
CREDIT LYONNAIS PARIS LA FAYETTE - 59, rue Lafayette 75009 PARIS, France
Bank code: 30002– Sort code: 05666 - Account N° 0000060207A - Key: 44 -
IBAN: FR98 3000 2056 6600 0006 0207 A44 – BIC: CRLYFRPP

Copy of the bank transfer must be sent along with the registration form. Do not forget to mention on the bank transfer order the name of the person you are paying for. The organizers will not absorb bank charges.

by **credit card** : VISA / MASTER / EUROCARD / AMERICAN EXPRESS (no other cards accepted):

I authorize the Congress Office to debit my card for the amount indicated here above:

Number: I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I Expiry date : I__I__I/I__I__I

Card Verification Code (3 digits on back of Visa/Mastercard, 4 digits on front of AMEX): I__I__I__I__I

_____CARDHOLDER NAME : Signature :
(Compulsory)