

REGISTRATION FORM



the IFODS
on behalf of Cours St Paul

International and French Oncology Days
Les Journées Franco-Internationales d'Oncologie

RIVE MONTPARNASSE - 44 BD DE VAUGIRARD 75015 PARIS > 20-22 October 2020

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

IME - International Medical Events -19-21 rue Saint Denis - 92100 Boulogne-Billancourt, France
Fax: +33 1 41 04 04 11 – Email: valerie.caillon@im-events.com
You may also register online at: www.icact.com

Please take care of some specific registration deadlines

1. PARTICIPANT

Pr Dr Mr Mrs Speciality:.....

Last Name:..... First Name:

Institution/Company:.....

Address:.....

.....

Zip Code:..... City:..... Country:.....

Phone:..... Fax:.....

Email:.....

2. ACCOMPANYING PERSON

Delegate Non Delegate

Pr Dr Mr Mrs Speciality:.....

Last Name:..... First Name:

Institution/Company:.....

Address:.....

.....

Zip Code:..... City:..... Country:.....

Phone:..... Fax:.....

Email:.....

3. REGISTRATION FEES

REGISTRATION FEES (in Euros)	1 Day Regular Registration	Regular Registration
From Nov. 15 th 19 to June. 15 th 2020	<input type="checkbox"/> 200 € <input type="checkbox"/> Tuesday October 20 th 2020 <input type="checkbox"/> Wednesday October 21 st 2020 <input type="checkbox"/> Thursday October 22 nd 2020	<input type="checkbox"/> 500 €
From June 16 th 2020 and on site	<input type="checkbox"/> 250 € <input type="checkbox"/> Tuesday October 20 th 2020 <input type="checkbox"/> Wednesday October 21 st 2020 <input type="checkbox"/> Thursday October 22 nd 2020	<input type="checkbox"/> 600 €
Student registration fees (Including breaks and 2 lunch) <i>(The participation of student is conditioned by the full coverage of their hospitality costs)</i>		<input type="checkbox"/> 100 €

The registration fees allow access to the exhibition area, the scientific sessions, the poster area, all satellite meetings of IFODS and all the congress documents and bag. * Please attach official certificate from your institution. Therefore complete Student registration (including Form, Certificate and Payment) will only be accepted by fax or post mail.

Policy

- Total payment is due upon registration
- Before July 10th, 2020: 50% cancellation fees
- From July 11th, 2020: no refund

4. ABSTRACT SUBMISSION

Deadline: September 10th, 2020

Please visit our website www.ifods.com for detailed submission guidelines.

Did you submit an abstract ? YES NO

International Medical Events (IME)

19-21 rue Saint Denis
92100 Boulogne-Billancourt
FRANCE

Email:
infos@im-events.com

CONTACTS:

Organisation Committee
Tel : + 33 1 41 04 04 04
Fax : +33 1 41 04 04 11

Email:
valerie.caillon@im-events.com

Travel Information & Accommodation
Tel : + 33 1 41 04 04 04
Fax : +33 1 41 04 04 11

Email:
mathilde.mangin@im-events.com



Please tick the appropriate boxes

PLEASE TYPE OR PRINT WRITING ONLY

Reservation Confirmation will be sent to the e-mail address or fax number provided on this form



the IFODS on behalf of Cours St Paul

International and French Oncology Days
Les Journées Franco-Internationales d'Oncologie

5. PAYMENT

TOTAL AMOUNT DUE :€

Payment have to be made in advance by one of the following methods:

By check – Amount of €

Payable to International Medical Events

And send to: IME (International Medical Events) – 19-21 rue Saint Denis - Boulogne-Billancourt, FRANCE

Reference to mention on all wire transfer : EQUA 2369 + **name of participant or N° of invoice**

By wire transfer – Amount of €

To: Bank code: 30066-Place: 10934 – Account: 00010132314-Key: 30

IBAN: FR76 30066 10934 000 10132314 30

Bank address: CIC PARIS SAINT HONORE ENTREPRISES – 11 RUE D'AGUESSEAU – 75008 PARIS

Reference to mention on all wire transfer: EQUA 2369 + **name of participant or N° of invoice**

By Visa card **By Master card**

CONTACT US FOR E.PAYMENT

My signature above authorizes assigned IME to charge my credit card for the deposit amount shown bellow and for the balance sold due on July 15th, 2020

CANCELLATION & CHANGE

Any cancellation or change must be submitted in writing to International Medical Events (E-mail or Fax only). A confirmation number will be sent to you.

Please retain the cancellation confirmation number from International Medical Events to resolve any credit card disputes.

Suite à la nouvelle réglementation de protection des données personnelles (RGPD), en communiquant celles-ci, j'autorise l'agence Equatour à les utiliser dans le cadre de ses activités, et de les stocker selon la durée légale en vigueur.



International Medical Events (IME) est une marque de la société Equatour.

Equatour, 19-21 rue Saint Denis, Boulogne-Billancourt - France - Tél: + 33 1 41 04 04 04 – fax: + 33 1 41 04 04 11
S.A.R.L au capital de 1 000 000,00 - RC Paris B 343903639000 31 - Code APE 633 Z – IM 075 10 0360.

Garantie financière APS - Assurance RCP HISCOX 00 77879

En cas de litige, le tribunal de Commerce de Paris sera compétent et ce même en cas de pluralité de défendeur ou d'appel en garantie