



AFERP 5th International Symposium

ANGERS, France, July 17-19th 2017

REGISTRATION FORM

Mail back to: corine.girard-thernier@univ-fcomte.fr

NAME : _____

First Name : _____

University/Company details : _____

Phone : _____

Mail: _____

Abstract (before 05.26.2017): Yes No **Oral Communication** **Flash poster** **Poster**

PhD Student candidate to an AFERP Grant :Yes No **AFERP Sponsor** :

Fees* : Please tick boxes accordingly

*Coffee breaks, Get together party and lunches are included

<input type="checkbox"/> AFERP member	<input type="checkbox"/> Other
<input type="checkbox"/> Registration before May 15th 2017	<input type="checkbox"/> Registration before May 15th 2017
<input type="checkbox"/> Student / PhD student 85€	<input type="checkbox"/> Student / PhD student 100€
<input type="checkbox"/> Academic/Post-Doctoral student 120€	<input type="checkbox"/> Academic/Post-Doctoral student 160€
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<input type="checkbox"/> Student /PhD student 100€	<input type="checkbox"/> Student /PhD student 130€
<input type="checkbox"/> Academic/Post-Doctoral student 160€	<input type="checkbox"/> Academic/Post-Doctoral student 200€
<input type="checkbox"/> Gala dinner senior 50€	<input type="checkbox"/> Gala dinner senior 70€
<input type="checkbox"/> Gala dinner student 30€	<input type="checkbox"/> Gala dinner student 50€
<input type="checkbox"/> Itepmi/Natinov visit 10€	<input type="checkbox"/> Visite Itepmi/Natinov 10€

<input type="checkbox"/> Accompanying person, gala dinner	70€
<input type="checkbox"/> Accompanying person, Itepmi/Natinov visit	10€

Total :	€
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Payment mode: Please tick corresponding box :

Bank Chek ordered to « AFERP » (to be sent to: Dr. Karina Petit, Université de Nantes, Faculté de Pharmacie, Service de Pharmacognosie, 9 rue BIAS, BP 61112, F-44035 Nantes Cedex 1)

international bank account transfer (please specify attendee's name) to :

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