



### REGISTRATION FORM

Mail back to: \_\_\_\_\_

NAME \_\_\_\_\_  
 F N \_\_\_\_\_  
 C \_\_\_\_\_

P \_\_\_\_\_  
 M \_\_\_\_\_

Abstract  N  Oral Communication  Flash poster  Poster   
 PhD Student candidate to an AFERP Grant  N  AFERP Sponsor : \_\_\_\_\_

Fees  
 C P G

<input type="checkbox"/> <input type="checkbox"/> AFERP member before May 15 <sup>th</sup> 2017 <input type="checkbox"/> P D <input type="checkbox"/> P D  <input type="checkbox"/> after May 15 <sup>th</sup> 2017 <input type="checkbox"/> P D <input type="checkbox"/> A P D  <input type="checkbox"/> G <input type="checkbox"/> G <input type="checkbox"/> I N	<input type="checkbox"/> <input type="checkbox"/> Other before May 15 <sup>th</sup> 2017 <input type="checkbox"/> P D <input type="checkbox"/> P D  <input type="checkbox"/> after May 15 <sup>th</sup> 2017 <input type="checkbox"/> P D <input type="checkbox"/> A P D  <input type="checkbox"/> G <input type="checkbox"/> G <input type="checkbox"/> I N
--	---

A  
 A I N

\_\_\_\_\_

#### Payment mode P

Bank Chek ordered to « AFERP » \_\_\_\_\_ D K P N F P  
 P BIA BP F N C

international bank account transfer to IBAN : FR7610278361790001345320449 BIC : CMCIFR2A