

REGISTRATION FORM
16th EDITION JFIM 2017 –BUENOS AIRES
26 - 29 OCTOBER 2017 -



Venue: HOTEL THE BRICK Posadas 1232, C1011ABF CABA, Argentine

<http://the-brick-hotel-buenos-aires.hotel-ds.com/es/>

Please visit our website for updated information:

URL: <http://www.jfim.fr/>

Each form should be used for one registration only.

Registration is not accepted by phone.

Please return the completed registration form by e-mail or fax to:

Ms. Dominique LAFITTE-LAPLACE

EQUATOUR

19/21 Rue St DENIS 92100 BOULOGNE BILLANCOURT

Tel.: +33 1 41 04 04 04

Fax : +33 1 14 04 04 11

Email: dominique.lafitte@equatour.net

I. Identification (please use block capitals)

Title: Prof. / Dr. / Mr. / Mrs. / Ms.

Last Name: _____

First Name: _____

Position: _____

Department: _____

Organization / Institute: _____

Country: _____

Postal/Zip Code: _____

Telephone: _____

Fax _____

E-mail address: _____

II. Registration

Registration fees for delegates include 2 coffee breaks per day, and simultaneous translations during the meeting period- Diner gala **ESTANCIA ROSARIO** with return transferts

Congress From 26 th oct 14h00 to 29 th oct 12h30	DINER GALA INSCRIPTION Number of places limited	28 th October Gala diner
<input type="checkbox"/> USD 150	Please indicate your venue for diner gala	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAYMENT BY CREDIT CARD IN USD EXCEPT AMEX (MASTER CARD – VISA ONLY)

- MASTER CARD
- VISA CARD

Name of holder: _____

Card number:

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Security code (last 3 numbers on the backside of the card)

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 Expiry Date: (month / year)

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Cardholder signature required: _____

I authorize EQUATOUR to charge my credit card for the total amount USD _____. If my fees are totaled incorrectly, EQUATOUR will make the necessary adjustments and charge my credit card accordingly.

A confirmation will be sent to you by e-mail as mentioned above.

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

III. Personal Data (Privacy) Ordinance

Your name and institute will be included in the list of participants, which may be distributed to delegates, speakers, sponsoring companies and other parties involved in this event and also for the organizers' future scientific activities. Please tick box if you do not agree.

I **would not** like my name to be included in the list of participants.

IV. Cancellation Policy

In the event of cancellation, a refund of the total registration fee paid (minus a 25% administration fee) will be made, on provision of a **written notice received by EQUATOUR on or before 10th October 2017**. After this date, no refund can be made for cancellation. Please note that all refunds will be issued only after the meeting. In case of cancellation due to bad weather or other uncontrollable factors, no refund will be entertained.

I acknowledge and accept terms and conditions

Signature: _____ Date: _____