



# SCIENCE WORKING TEAM

Arles, France / 17 to 21 November 2003

## REGISTRATION FORM

Please complete and return to  
Monsieur le Régisseur des Colloques du CNES  
CNES - Bâtiment Euler, 18 avenue Edouard Belin - 31401 TOULOUSE CEDEX 4 – France  
Fax : + 33 5 61 28 33 15

Mr  Mrs  Ms

Family name : ..... First name : .....  
Company : .....  
Address : .....  
Zip code : ..... City: ..... Country: .....  
Phone : ..... Fax : ..... E-mail : .....

### MEETINGS

<input type="checkbox"/> S.W.T – Full conference fee (18 to 21 November)	250 € VAT Included
<input type="checkbox"/> S.W.T – One day conference fee Please check : <input type="checkbox"/> 18/11 <input type="checkbox"/> 19/11 <input type="checkbox"/> 20/11 <input type="checkbox"/> 21/11	90 € VAT Included
<input type="checkbox"/> GAMBLE Meeting on 17 November	FREE

### SOCIAL PROGRAM

I will attend the Welcome Cocktail Reception on 18 November  Yes  No  
I will be accompanied  Yes  No

I will attend the closing dinner on 20 November 2003  Yes  No  
I will be accompanied (Financial part of 50 € to be paid on the spot)  Yes  No

I intend to use the shuttle bus available between the center of Arles and the MAEVA Congress Center, in the morning and in the evening  Yes  No

### PAYMENT

**No reimbursement for cancellation after 3 November 2003**

I enclose a non-endorsable cheque drawn on a French bank of ..... € made out to **Mr le Régisseur des Colloques du CNES**.

I have paid by bank transfer the amount of ..... € (bank fees at my charge, copy enclosed) to:  
**Mr le Régisseur des Colloques du CNES - Société Générale - Toulouse Labège - France**  
**Code SWIFT : SOGEFRPP - N° 30003 02110 00037266596 05**  
**Code APE: 731 Z – Siret: 775665 912 00082**

My company is sending an order form to **Mr le Régisseur des Colloques du CNES** for a total amount of ..... €. Kindly send us the corresponding invoice.

I authorize **Mr le Régisseur des Colloques du CNES** to charge my credit card (VISA, EUROCARD, MASTERCARD only) of a total amount of ..... €.

Credit card number: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Expiration date: \_\_\_/\_\_\_/\_\_\_/\_\_\_

**ADDRESS FOR THIS INVOICE :** .....

Signature :

.....  
.....  
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