



# VIII MEDITERRANEAN Oncology Society International Meeting 2011

## Registration Form

### Attendee Information:

First Name (as on passport).....Family Name:.....Credentials:.....  
 Organization Name:.....  
 Mailing Address:.....  
 City: .....Country:.....Postal Code: .....  
 E-mail Address (required): .....  
 Phone: .....Fax: .....Mobile: .....  
 Specialty .....

### REGISTRATION

	PLEASE TICK ONE	<input checked="" type="checkbox"/>
Registration fee	708€	<input type="checkbox"/>
Resident fee	354€	<input type="checkbox"/>

Access to the scientific sessions, assistance certificates, coffee, lunch and programmed acts are included in Main Symposium registration.

VAT Included

### METHOD OF PAYMENT:

- Bank transfer free of charges addressed to TACTICS MD S.L.  
 Account Number: Caixa Penedès 2081 0244 23 3300005045 (Please enclose the attendee name and surname)

If you need an invoice, please fill the gaps in below:

Name or Company Name.....CTC.....  
 Registered Address.....POST CODE.....  
 City.....Country.....Phone.....

### IMPORTANT

- It is indispensable to send the filled registration form in by fax or by email with the bank transfer copy.
- Reservations are considered confirmed when the amount is checked. After, we will process to send to you the registration confirmation form.
- It is only accepted one registration form per person.
- It will not be processed any incomplete registration form and also we will process to return it.
- Cancellations policy: Cancellation petition must be request in writing. Refunds are not allowed.

Secretaría Técnica: **TACTICS MD S.L.**

París 162, Pral 1ª- 08036 Barcelona - Tlf. 934 511 724 – Fax 934 514 366 - Email: info@tacticsmd.net