

# Targeting Mitochondria- November 18-19, 2010

You can send us your registration form by fax to +33 1 55 04 77 57 or by email at takayama-conferences@orange.fr

Mr     Mrs.     Pr     Dr

**First Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Organisation** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_  
**City** \_\_\_\_\_  
**Country** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**VAT Number** \_\_\_\_\_

Do you want to submit an abstract?     Yes     No

Are you going to attend the lunch on the first day?     Yes     No

Are you going to attend the lunch on the second day?     Yes     No

Please indicate your function/title?     Yes     No

## Registration Fee

*All prices are in euro*

Please Check		
1	Registration Fee - Students/Academics - Before October 3 2010	395 € <input type="checkbox"/>
2	Registration Fee - Students/Academics - After October 3 2010	495 € <input type="checkbox"/>
3	Registration Fee - Industrials - Before October 3 2010	795 € <input type="checkbox"/>
4	Registration Fee - Industrials - Before October 3 2010	895 € <input type="checkbox"/>
5	Supplementary Abstract Book	125 € <input type="checkbox"/>
6	Speakers Dinner	80 € <input type="checkbox"/>

*If you want to register more than 3 attendees, please contact us*

## SALES CONTRACT

TAKAYAMA is authorized to handle all the conference logistics and payments.

### TERMS AND CONDITIONS

- 1 Registration fee include 2 lunches, 4 coffee/tea breaks and the abstract book.
- 2 This Sales Contract constitutes a legally binding contract.
- 3 It may be necessary for reasons beyond control of TAKAYAMA to change the content and timing of the program, the speakers, the date or the location without notice. If for any reason, TAKAYAMA decides to postpone this conference, TAKAYAMA is not responsible for covering airfare, hotel or other travel costs incurred by clients. The conference fee will not be refunded, but can be credited to a future conference. In the unlikely event of the program being cancelled, TAKAYAMA will automatically make a full refund but disclaim any further liability.
- 4 Copyright: All intellectual property rights in all materials produced or distributed by TAKAYAMA in connection with this event is expressly reserved and any unauthorized duplication, publication or distribution is prohibited.
- 5 All prices are mentioned Duty-Free.

### REFUND POLICY, CANCELLATIONS/SUBSTITUTIONS

Refund of the registration fee must be applied for in writing to the conference secretariat. One month prior to the conference, 50% of the registration fee will be refund. After the said date, no refunds will be given. Substitutions are free of charge, but you must submit a letter authorizing the transfer signed by the registered delegate two days before the event starting date.

### AUTHORIZATION

Signatory must be authorized to sign on behalf of contracting organization.

I agree with these sales contract conditions.

NAME: .....

POSITION: .....

DATE: .....

SIGNATURE: .....

### SPECIAL ASSISTANCE

If you have a disability and require special assistance during the conference, please check this box and attach a letter describing your specific needs or requirements.

**Note: Confirmation of your booking will only be sent when FULL PAYMENT is received.**

**Payment (registration forms must be accompanied by full payment) :**

- My payment will be effected by bank transfer to Takayama, Paris, France :  
BNP PARIS Opéra  
Banque : 30004 Agence : 00895 Compte : 00010008521 Clé : 26  
IBAN : FR76 3000 4008 9500 0100 0852 126  
BIC: BNPA FR PP POP

Please enclose a copy of the bank transfer with your registration form.

**Bank fees are at your charge.**

- I have enclosed a certified check made payable to TAKAYAMA with this form. Check must be drawn on a French bank in Euros
- Charge the total amount due to this credit card:
- EURO/MASTER/ACCESS
  - VISA

(Registration fee will be deduced from your credit card by TAKAYAMA prior to the congress)

**Card Holder Name:** \_\_\_\_\_

**Credit Card No:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



TAKAYAMA  
Conseil en communication médicale & scientifique