Capita Selecta in Complex Disease Analysis



Palais des Congrès Liège (Belgium) 30 May - 1 June 2012

REGISTRATION FORM

Please complete in CAPITALS and return this form to CSCDA2012@montefiore.ulg.ac.be

ONE PERSON PER FORM

Last Name	First Name	Title (Prof, Dr, Mrs, Mr, etc.)
Job Position		
Name of the company / institution	on for name badge	
Department		
Address for correspondence		
Postcode/ Zipcode	City	Country
Phone + /	Fax + /	
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Dietary or other requirements (p	lease specify)	
Please ✓ the appropriate I register for the conference as non-academic participa as academic participa as (PhD) student part I'm a member of the Belgian S yes → 50 € discount no I will attend the short courses on May workshops on May 31 social event (including	icipant: 450 € .nt: 350 € .icipant': 200 € tatistical Society	- for ticket(s) X 50€ +
TOTAL REMITTANCE		=
Means of payment: O We recommend bank transf	er to Conference CSCDA 2012 IBAN:	: BE 23 3401 5580 6791 BIC: BBRUBEBB.
Payment without any char	ge for us and with mention of the pa	participant's name to avoid any confusion.
O If you have troubles making a bank transfer: credit card UVISA UMASTERCARD (all others excluded)		
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