

Registration Form
2017 European Medicines Agency Info Day
London,
EMA, 30 Churchill Place, Canary Wharf, London E14 5EU

The official registration will only be sent to the participants who have dully completed this registration form.

PARTICIPANT DETAILS

-CAPITAL LETTERS PLEASE-

Title: First Name: Name:

Position:

Organisation/Company:

Invoice address

Address: _____

P.O. number (if requested by your company): _____

Phone: Fax:

E-mail: VAT (mandatory): _____

☐ Will attend the EMA Info Day on 16-17 March 2017

☐ Will attend the reception and walking dinner on 16 March 2017

→ Specific dietary requirements: _____

PAYMENT DETAILS

REGISTRATION FEE: **€ 300.00**/person

Please note a € 30fee will be charged to cancellations after 11 June 2014

Payments by cheque are not accepted

☐ **BY BANK TRANSFER TO:**

PNB Paribas/Fortis Bank - IBAN code BE73 0014 4916 6660 (Account n°001-4491666-60) – BIC: GEBA BE BB - Agence Louise, Avenue Louise 200 - 1050 Bruxelles. Please include reference "IE Conference – June 2016 and full name" (all costs borne by the payer)

☐ **BY CREDIT CARD:** ☐ AMEX ☐ VISA ☐ MASTERCARD

CARD NUMBER: _____

EXPIRY DATE: (MM/YY): _____

CARD HOLDER'S NAME: _____

CARD HOLDER'S SIGNATURE: _____

PLEASE RETURN TO IFAH-EUROPE BY Monday 27 February 2017

Email: c.denorre@ifahsec.org