



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



REGISTRATION FORM
2010 European Medicines Agency/IFAH-Europe Info Day
London, 11-12 March 2010
Venue: European Medicines Agency, 7 Westferry Circus,
Canary Wharf, London E14 4 HB

Deadline for registration:
Wednesday 24 February 2010

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

Mr/Ms/Mrs/Dr/Prof: _____ Name: _____ First Name: _____

Function: _____

Company/Agency: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Phone: _____ Fax: _____

E-mail : _____ VAT (essential) : _____

- will attend the European Medicines Agency/IFAH-Europe Info Day on 11-12 March 2010*
 will attend the cocktail reception and supper in the evening of 11 March 2010*

**tick as appropriate*

FOR INDUSTRY ONLY

REGISTRATION FEE: € 300,00 / person

(The registration fee covers documentation, coffee breaks, cocktail reception, supper and administrative charges;

the cancellation fee is Euro 30,00 / person after 24 February 2010)

Payments by cheque are not accepted

- I will pay by bank transfer to BNP PARIBAS FORTIS Bank - IBAN code BE73 0014 4916 6660 (Account n° 001-4491666-60) - B.I.C. (Swift): GEBA BE BB - Agence Louise, Avenue Louise 200 – BE-1050 Bruxelles (all costs borne by the payer)
Please include reference "European Medicines Agency/IFAH-Europe Info Day" and complete name

- By credit card: Amex Visa MasterCard

Card number: Expiry Date: (MM/YY):

Cardholder's name Mr/Mrs/Ms:

Please return this form to *Marie-Hélène Delvaux, Executive Secretary, Technical Department*
by e-mail (techsec@ifahsec.org) or by fax (+32 2 537 00 49)
before Wednesday 24 February 2010