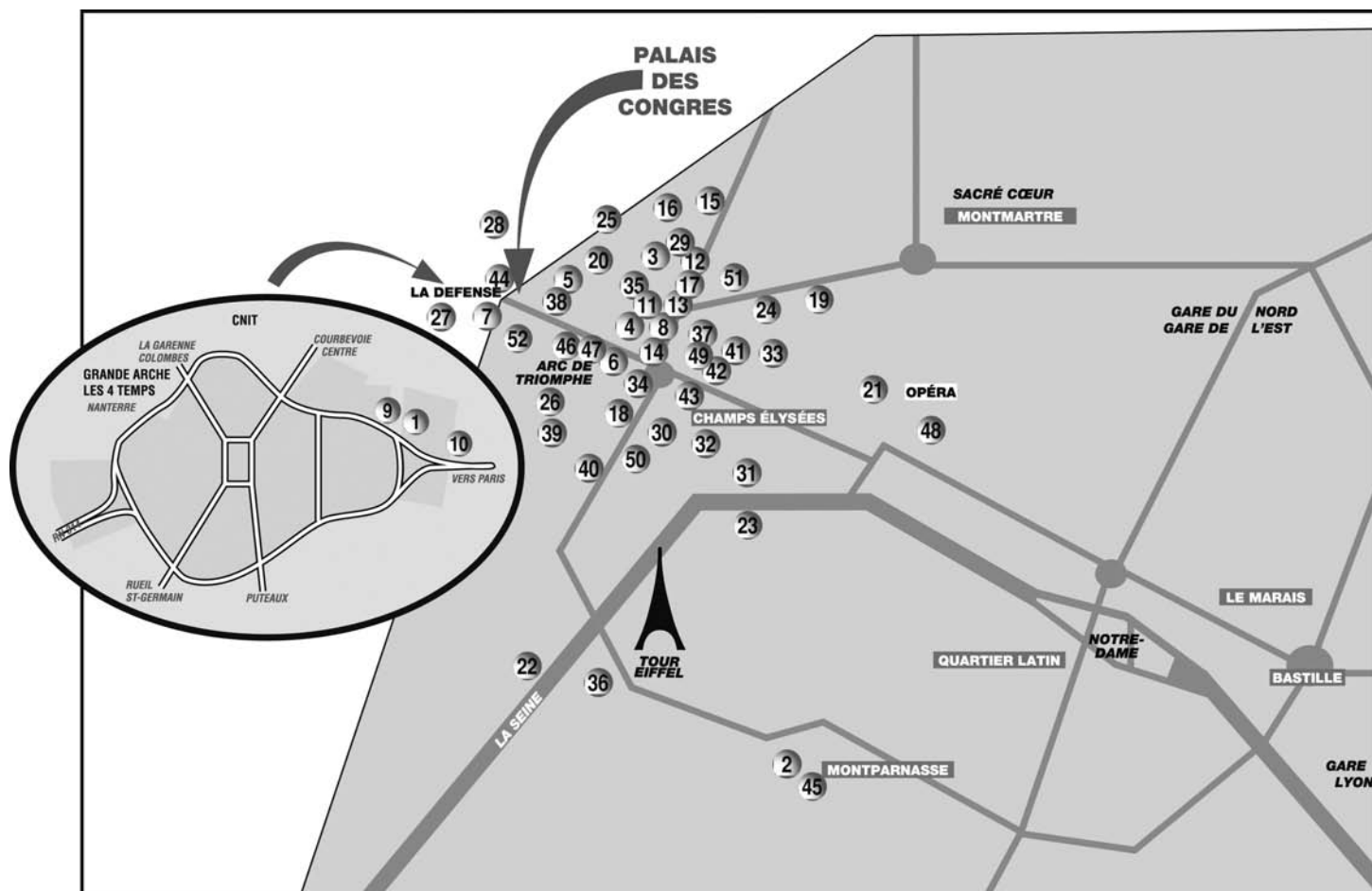


LIST AND LOCATION OF HOTELS



N° MAP	HOTEL	PRICES SINGLE ROOM, B & B (1 PERSON)	PRICES DOUBLE ROOM, B & B (2 PERSONS)
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2 STARS

1	IBIS DEFENSE	116,50 euros	123 euros
2	IBIS ALESIA MONTPARNASSE	88,50 euros	94,50 euros
3	CONFORT HOTEL MEDIAN	105 euros	115 euros

3 STARS

4	FERTEL ETOILE	114 euros	138 euros
5	FERTEL MAILLOT	114 euros	138 euros
6	STAR ETOILE	143 euros	156 euros
7	BW RES IMPERIALE	148 euros	161 euros
8	BW EMPIRE ELYSEES	150 euros	165 euros
9	NOVOTEL DEFENSE	199 euros	223 euros
10	MERCURE NEUILLY	199 euros	223 euros
11	MERCURE WAGRAM ARC DE TRIOMPHE	219,50 euros	244 euros
12	QUALITY HOTEL ASTOR ETOILE	180 euros	195 euros
13	MERCURE ETOILE	259 euros	283 euros
14	BALMORAL	170 euros	200 euros
15	MERCEDES	145 euros	160 euros
16	MAGELLAN / EXCLUSIVE HOTELS	112 euros	128 euros
17	CECILIA / EXCLUSIVE HOTELS	120 euros	140 euros
18	BELMONT	155 euros	175 euros
19	BW ELYSEES PARIS MONCEAU	152 euros	176 euros
20	BW ETOILE ST-FERDINAND	205 euros	215 euros
21	HOLIDAY INN PARIS ELYSEES	190 euros	210 euros
22	HOLIDAY INN AUTEUIL	150 euros	165 euros
23	JARDIN D'EFFEL	155 euros	165 euros
24	MAC MAHON	170 euros	185 euros
25	PAVILLON PEREIRE ARC DE TRIOMPHE	150 euros	165 euros
26	VICTOR HUGO	160 euros	185 euros

N° MAP	HOTEL	PRICES SINGLE ROOM, B & B (1 PERSON)	PRICES DOUBLE ROOM, B & B (2 PERSONS)
--------	-------	-----------------------------------------------	------------------------------------------------

4 STARS

27	COURTYARD PARIS NEUILLY	290 euros	290 euros
	COURTYARD PARIS NEUILLY - Suite	345 euros	345 euros
28	EVERGREEN LAUREL HOTEL - Superior	281 euros	302 euros
29	AMPERE	220 euros	240 euros
30	BASSANO	280 euros	308 euros
31	FRANKLIN ROOSEVELT/4 days minimum	235 euros	255 euros
32	CHATEAU FRONTENAC/4 days minimum	235 euros	255 euros
33	ROCHESTER CHAMPS ELYSEES 4 days minimum	230 euros	269 euros
34	SPLENDID ETOILE/ 4 days minimum	230 euros	269 euros
35	VILLA ALESSANDRA	242 euros	264 euros
36	NOVOTEL TOUR EIFFEL	280 euros	300 euros
37	SOFITEL ARC DE TRIOMPHE	418 euros	446 euros
38	MERIDIEN ETOILE	245 euros	260 euros
	MERIDIEN ETOILE - Executive	285 euros	300 euros
39	SOFITEL PARC DEMEURE	340 euros	370 euros
40	SOFITEL BALTIMORE	340 euros	370 euros
41	WARWICK	343 euros	371 euros
42	HOTEL CALIFORNIA - Ambassador	380 euros	405 euros
	HOTEL CALIFORNIA - Prestige	440 euros	465 euros
43	RADISSON SAS	320 euros	320 euros
44	CONCORDE LAFAYETTE - De Luxe	280 euros	285 euros
45	MERIDIEN MONTPARNASSE	220 euros	235 euros
46	HOTEL LE DURET	205 euros	230 euros
47	MONTFLEURI	220 euros	255 euros
48	CLARION ST JAMES - Superior	300 euros	315 euros
	CLARION ST JAMES - Junior Suite	330 euros	345 euros
49	NAPOLEON - Superior	347 euros	363 euros
50	ELYSEES REGENCIA	292 euros	314 euros
51	VILLA EUGENIE	235 euros	255 euros
52	VILLA MAILLOT	305 euros	325 euros



6th International Orthodontic Congress

Palais des Congrès - PARIS, September 10-14, 2005

REGISTRATION FORM

This form may be duplicated as necessary and when completed, it should be faxed or mailed to Europa Organisation before August 15th 2005:
5, rue Saint-Pantaléon - BP 844 - 31015 Toulouse cedex 6 - France
Phone: +33 5 34 45 26 45 / Fax: +33 5 34 45 26 46

Dr Prof Mr Mrs Ms

Family name: Given name:

Institute/Hospital:

Address:

..... State:

Zip code: City: Country:

Phone: Fax: E-mail:

I. DOCTORS (registration fees include taxes)

CLASS A	Before July 1st 2005	After July 1st 2005	Registration (€ = euros)
• A1: Members of the WFO			
• A2: Members of the COCIO sponsoring societies	285 €	435 €	= _____ €
<small>Belgium: SOBOR / BEVOR - UFO; Bulgaria: BOS; Cyprus: COS; Denmark: DSOS; Europe: EOS; France: FFO - SFODF - SSFODF; Germany: BDK - DGKFO; Greece: GOS - GAOSR - HPUO - OSNG; Italy: SIDO - ASIO; Latvia: LOA; Lebanon: LOS; Luxembourg: SLODF; Portugal: SPODF; Romania: ANRO; Serbia Et Montenegro: OSSM; Spain: SEDO; Turkey: TOS; United Kingdom: BOS.</small>			
Society	Membership number		
CLASS B			
• Non-WFO members who are members of societies affiliated with the WFO	475 €	625 €	= _____ €
Society	Membership number		
CLASS C			
• C1: Orthodontists who are members of societies not affiliated with the WFO	680 €	830 €	= _____ €
• C2: Non specialists			
DOCTORS PRE-CONGRESS COURSE			
Saturday, September 10th 2005	300 €	300 €	= _____ €
CLASS D			
• D1: Students in Orthodontic Training Program NOT attending EOS Pre-congress Course	150 €	250 €	= _____ €
• D2: Students in Orthodontic Training Program attending EOS Pre-congress Course	180 €	280 €	= _____ €
<small>You must submit a signed letter from your program director that you are either currently an orthodontic resident / student or have been accepted into the program.</small>			
TOTAL 1			= _____ €

II - DENTAL NURSES / OFFICE STAFF / ORTHODONTIC ASSISTANTS

CLASS F	Before July 1st 2005	After July 1st 2005	Registration (€ = euros)
• F1: First registrant in this category	190 €	250 €	= _____ €
• F2: Second registrant in this category	150 €	200 €	= _____ €
• F3: Each additional registrant in this category	100 € x ____	150 € x ____	= _____ €
TOTAL 2			= _____ €

1. Family name: Given name:

2. Family name: Given name:

3. Family name: Given name:

4. Family name: Given name:

III - ACCOMPANYING PERSONS

CLASS E

• Spouses and guests 100 € x _____ persons = _____ €

This category is for immediate family of registered participants only. Badge includes free access to the Opening Ceremony and the Presidents' Reception. Badge will NOT allow access to any scientific session.

TOTAL 3 = _____ €

1. Family name:..... Given name:.....

2. Family name:..... Given name:.....

3. Family name:..... Given name:.....

4. Family name:..... Given name:.....

IV - TECHNICIANS

CLASS G

Before
July 1st 2005

After
July 1st 2005

Registration
(€ = euros)

• Technicians 240 € 390 € = _____ €

TOTAL 4 = _____ €

V - SPECIAL EVENTS

Family name / Given name	Presidents reception September 11th (Complimentary *)	Gala Dinner September 13th	International reception September 14th	Total (€ = euros)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 160 €	<input type="checkbox"/> 120 €	= _____ €

* limited number of participants

VI - GRAND TOTAL **TOTAL 1 (Doctors)** = _____ €

TOTAL 2 (Dental nurses, Office staff, Orthodontic assistants) = _____ €

TOTAL 3 (Accompanying persons) = _____ €

TOTAL 4 (Technicians) = _____ €

TOTAL 5 (Special events) = _____ €

GRAND TOTAL = _____ €

TRAIN TRANSPORTATION

I wish to receive a SNCF voucher

VII - CANCELLATION POLICY

Cancellations must be sent to Europa Organisation by mail or by fax to following address:

Europa Organisation - 5 rue Saint-Pantaléon - BP 844 - 31015 Toulouse cedex 6 - France - Fax number: +33 5 34 45 26 46

• **Cancellation before July 1st 2005.** Registration fees will be reimbursed after deduction of handling fees (30,00 €)

• **Cancellation after July 1st 2005.** No refund.

VIII - PAYMENT

Check in euros to the order of "Europa Organisation / 6th IOC"

Credit Card. I, undersigned M _____ authorize Europa Organisation to debit the amount of _____ euros on my credit card American Express Diners Visa card/Eurocard/Mastercard

N°: _____ Expiration date: _____

Please indicate the last 3 figures on the back of your credit card: _____

Please date and sign this form even if you do not pay by credit card.

Date:

Signature:

Registration will be confirmed upon reception of payment. - This form may be duplicated as necessary.