



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 €	= _____ €
	<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 €	= _____ €

* 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.