5 – 8 September 2007
Barcelona, Spain
Hotel Fira Palace

FIRST WORLD MEETING OF INTERDISCIPLINARY MELANOMA CENTERS

registration form

Name _____ Family Name _____

Institution _____ Department _____

Address _____

Postcode _____ City _____ Country _____

Phone _____ Fax _____

e-mail _____ @ _____

Invoice to _____ Passport No. _____

VAT Number (company) _____

Under the Data Protection Act 15/99, we inform you that your personal data will be added to the **sbc servicios básicos de congresos** database for promotional and other uses during the Congress. By filling in this application form, you authorize **sbc servicios básicos de congresos** to use your personal data for the mentioned purposes. To exercise your right to access to, rectification and cancellation of this information, contact the General Secretariat.

Fees (VAT included)

	Early registration: June 15th, 2007	From June 16th, 2007	On site
Delegates	☐ € 300	☐ € 500	☐ € 600
Residents and Eastern Countries	☐ € 200	☐ € 350	☐ € 400
Accompanying person*	☐ € 100	☐ € 100	☐ € 150

After August 26th all registrations will have to be ON SITE, at the Meeting Venue **TOTAL AMOUNT** € ____

* Welcome Reception only

Registration fee includes: entrance to the scientific sessions and to the Exhibition Area, documentation, coffee-breaks and admission to the Welcome Reception.

Registration Payment

☐ VISA (No Electron)

☐ AMERICAN EXPRESS

☐ MasterCard

Number ____

Control number ____ Three last digits on the reverse side of the card in or around the signature or 4 digits on the front of the card in case of American Express

Owner's name as show on the card

Expiry Date ____ Month ____ Year

Date ..... / ..... / 2007

I accept to be charged for this amount by **sbc servicios básicos de congresos**

TOTAL AMOUNT € ____

X

Owner's signature

☐ By BANK TRANSFER to **Caixa d'Estalvis i Pensions de Barcelona**. CODE: **CAIXESBBXXX**
IBAN: **ES56 2100 0964 0202 00121538** ACCOUNT HOLDER: **sbc servicios básicos de congresos**
All bank charges must be paid by the participant. A copy of bank transfer must absolutely be sent to **SBC**.
Please indicate clearly the name of the participant.

By signing this form I hereby declare having read and agreed with the cancellation policy.

Signature: .....
Date ..... / ..... / 2007

Please be advised that to register you have to **fill in this form** and send it to:

General Secretariat

sbc servicios básicos de congresos

Apartado Correos 14.040
08080 Barcelona, Spain
sbc@sbc-congresos.com

Tel. +34 690 846 097
Fax +34 932 057 230
www.melanomacentersmeeting.com

Cancellation policy

From **January 1st** until **July 30th** a 50% refund. Between **August 1st** and **August 31st** a 25%.
After **September 1st**, no refund.
The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the meeting be hindered or prevented by unexpected, political or economic events or generally by force majeure, or should the nonappearance of speakers or other reasons necessitate programme changes. With registration, the participant accepts this proviso.

www.melanomacentersmeeting.com