



Please complete and send back this form (one form per participant) with your payment(s) to

PROMO SCIENCES



7 Impasse Roqueplan, F-13002 Marseille
 Tél. : +33-4-91-91-24-89 - Fax : +33-4-91-91-76-83
 E-mail : i3m2005@promosciences.com

Mr. Mrs Ms

NameGiven / First Name

Function / Position

Affiliation / Institution / Company

Postal Address.....

Zip Code Town Country.....

Telephone..... Mobile Phone

(Please, include country code and area code)

FaxE-mail.....

PRESENCE For organizational purposes, we would appreciate if you could check all those events you anticipate to join

Dates	Events
<input type="checkbox"/> Thursday 20 October	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
<input type="checkbox"/> Friday 21 October	<input type="checkbox"/> Lunch

Note : lunch on Saturday is not included

Food Needs
<input type="checkbox"/> No pork
<input type="checkbox"/> Vegetarian

REGISTRATION FEE

I wish to be registered for **I³M** **ESS 2005**

	Before July 18 th 2005	After July 18 th 2005	Cash at the conference	Number of person(s)	Total due
Full Registration <small>Including the Gala Dinner + 2 Lunches + Proceedings</small>	<input type="checkbox"/> 300 €	<input type="checkbox"/> 400 €	<input type="checkbox"/> 450 €	x....€
Student paper registration (proof of status is needed) <small>Gala Dinner and Proceedings not included</small>	<input type="checkbox"/> 150 €	<input type="checkbox"/> 180 €	<input type="checkbox"/> 200 €	x....€
Student not author (proof of status is needed) <small>Lunches, Gala Dinner and Proceedings not included</small>	<input type="checkbox"/> 50 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 150 €	x....€
Accompanying person <small>Including the Gala Dinner and 2 Lunches</small>	<input type="checkbox"/> 150 €	<input type="checkbox"/> 180 €	<input type="checkbox"/> 200 €	x....€
Additional paper registration	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €	<input type="checkbox"/> 150 €	x....€
Extra page charges <small>75 euros per page over 10 pages</small>	<input type="checkbox"/> 75 €	<input type="checkbox"/> 75 €	<input type="checkbox"/> 75 €	x....€
Gala Dinner	<input type="checkbox"/> 60 €	<input type="checkbox"/> 60 €	<input type="checkbox"/> 60 €	x....€
Additional proceeding	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €	<input type="checkbox"/> 100 €	x....€
				TOTAL €€

ACCOMMODATION

I need no accommodation

I wish to reserve the following accommodation :

	Single Occupancy	Double Occupancy 1 double bed	Double Occupancy 2 twin beds	Deposit to be paid
Category ***	<input type="checkbox"/> 112 €	<input type="checkbox"/> 122 €	<input type="checkbox"/> 122 €	<input type="checkbox"/> 120 €
Category **	<input type="checkbox"/> 50 - 60 €	<input type="checkbox"/> 60 - 65 €	<input type="checkbox"/> 60 - 65 €	<input type="checkbox"/> 65 €

The prices are given in Euros per room, per night (breakfast and local tax not included).

Date of arrival :	____ / 10 / 05 /
Date of departure :	____ / 10 / 05 /
Number of nights :	____ /

ACCOMPANYING PERSON(S) : Name First Name.....
Name First Name.....

All the selected hotels are within 10 min walking distance from the conference site. The rooms will be attributed on a first come first served basis. Please, note that if there are no more rooms in the chosen hotel category, PROMO SCIENCES will suggest another category of hotel and/or price, depending on the availability.

The deadline for the hotel reservation is July 29, 2005. After this date, the availability of rooms is no longer guaranteed.

Cancellation and refunding : the deposit will be refunded if cancellation is received in writing by September 30, 2005. After this date, no refunding will be possible.

PAYMENTS

IMPORTANT NOTICE: You need to send **2 separate payments**, one for accommodation, if applicable, and one for registration (For student : don't forget to join a photocopy of your student card). Please fill in the form(s) below and fax or postal mail the registration form with your payment(s) to Promo Sciences. Payments must be made in Euros.

All charges due to bank transfer or payment by cheque must be paid by the participant.

Payment of Registration

€

Cheque
(to the order of Agent Comptable, Université Paul Cézanne)

Credit card
 Visa Mastercard American Express

Cardholder Name

Card N° / ____ / ____ / ____ / ____ / ____ / ____

Expiry Date / ____ / ____ / ____ / ____ / ____ / ____
Date as MM/YY

I authorize total amount charge of €

Date Signature (obligatory)

Bank Transfer : As reference for the bank transfer, please indicate the following reference figures on your order : **"I3M 2005"**

Bank Identification :

Owner of the account : **" Université Paul Cézanne "**

Banque Name	Banque Code	Branch Code	Account n°	Rib
Trésor Public	10071	13000	00001012382	49

TP Marseille

IBAN Number : **FR76 1007 1130 0000 0010 1238 249**

BIC : **BDFEFRPPXXX**

Bon de Commande (only for french universities) :

A l'ordre de "I3M 2005", LSIS, Faculté des Sciences et Techniques de St Jérôme, Av. Escadrille Normandie Niemen, 13397 Marseille cedex 20
Siret : 191-323-641-000-16

Payment of Accommodation

Hotel category 3 (***) 120 € €.....

Hotel category 2 (***) 65 € €.....

Cheque (to the order of PROMO SCIENCES)

Credit card
 Visa Mastercard American Express

Cardholder Name

Card N° / ____ / ____ / ____ / ____ / ____ / ____

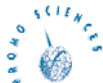
Expiry Date / ____ / ____ / ____ / ____ / ____ / ____
Date as MM/YY

I authorize total amount charge of €

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