

Registration form

Identity

Madam

Mr.

Name

Surname

Occupation

Phone

Fax

E-mail

Company

Address

Zip code

Town

Country

Registration fee

Colloque SEGAMED 2013 (september the 12th PM and the 13th)

Master Class SEGAMED (september the 14th)

TOTAL

	before 2013/09/02	After 2013/09/02
<input type="checkbox"/> Colloque SEGAMED 2013 (september the 12th PM and the 13th)	€ 110	€ 200
<input type="checkbox"/> Master Class SEGAMED (september the 14th)	€ 300	€ 400
TOTAL		

Pre-registration fees are available until september, the 2nd. From the 3rd of september, a price increase will be apply (see table before)

Payment

To be attached with the registration form to make it valid

Paypal Transfer

Bank details on line [website](#)

Procedure

1. Fill your registration form
2. Print it
3. Sign it
4. Send it with payment to the following address :

Date

Sign

Professeur Pascal Staccini
Secrétariat SEGAMED 2013
Département d'Information et d'Informatique Médicale
Hôpital Cimiez - 4 avenue Reine Victoria - BP 1179
06003 Nice cedex 1
FRANCE