# “New horizons in immunotherapy”

# Pre-Registration Form

**A.PARTICIPANT**

**Title : …………………….....…… Last Name : ……………………………………………….. First Name : ……………………………**

**Institution : ………………………………….………………………………….…………………………**

**Address : ………………………………………………………………………………………….**

**City : …………………………………… Postal Code : ……………………………………… Country : ………………………………………**

**PHONE : ……………………………… EMail : ………………………………………………**

**SIRET N° : ………………………………….…… Service Code N° : …………………………………**

**B.REGISTRATION FEES**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **RATE (excl.tax)** | **AMOUNT in EURO** |
| **STUDENT**  | Labex IGO Member and non Member | **FREE \*** | **--------- €** |
| **ACADEMIC**  | Labex IGO Member | **FREE \*** |  **--------- €** |
| Labex IGO non Member | **50 € HT** | **--------- €** |
| **PRIVATE** |  | **50 € HT** |  **--------- €** |
|  |  | **VAT 20%** *(\*\*) If applicable* |  **--------- €** |
|  |  | **TOTAL REGISTRATION** |  **--------- €** |

*\**Registration required

*European Union entities subject to VAT must**submit their VAT number in order to be exempt from VAT : n°*

***C.PAYMENT***

|  |
| --- |
| [ ]  *By Wire Cheque (only drawn on a French bank) to : Association ITERTUN*[ ]  *By Wire transfer in euros : Association ITERTUN : IBAN (International Bank Account Number)* *FR76 1027 8361 8400 0102 0050 468 - BIC (Bank Identifier Code) CMCIFR2A**Confirmation of registration will be at the reception of the payment.* |

THE REGISTRATION WILL NOT BE ACCEPTED WITHOUT PAYMENT /*CANCELLATION POLICY :* IN ORDER TO RECEIVE A FULL REFUND (LESS ADMINISTRATION FEE of 30 €), PLEASE SEND A WRITTEN REQUEST BY MAIL TO ITUN – UMR Inserm 1064 – Association Itertun 15 DAYS BEFORE THE CONFERENCE .SIRET 397 904 566 00015 /VAT FR88397904566

***Please send this registration form before May 7 to :***

celine.kerandel@chu-nantes.fr

ITUN - CHU Nantes - Céline KERANDEL - 30 Bd Jean Monnet – 44093 NANTES CEDEX 01