



**REGISTRATION FORM**

Please return this form as soon as possible and **before JUNE 30, 2010** to benefit from the **early registration fee**, to:  
**ITC 2010 c/o MCI France** - 24, rue Chauchat – 75009 Paris – France - Fax: 33 (0)1 53 85 82 83

For an easier and faster registration, you may also register online at: [www.itc2010.com](http://www.itc2010.com)

**A/ PARTICIPANT**

Pr  Dr  Mr  Mrs  Ms

LAST NAME/FAMILY NAME: .....

FIRST NAME: .....

INSTITUTION/COMPANY: .....

DEPARTMENT:.....

STREET/PO. BOX: .....

POSTAL CODE: ..... CITY/STATE: .....

COUNTRY: ..... PHONE: .....

FAX: ..... EMAIL: .....

I do NOT wish for my name and address to appear in the Congress' official list of delegates, nor the congress website nor used for commercial purposes

**B/ ACCOMPANYING PERSON(S)**

Pr  Dr  Mr  Mrs  Ms

1) LAST NAME/FAMILY NAME: ..... FIRST NAME: .....

2) LAST NAME/FAMILY NAME: ..... FIRST NAME: .....

**C/ REGISTRATION FEES** (Fees include 19,6% VAT)

REGISTRATION FEES	Early fees Up to 30 June 2010	Late fees From 1 <sup>st</sup> July to 31 August 2010	On site fees From 1 <sup>st</sup> Sept. 2010 and onsite
Member (AOTA, ATA, ETA, LATS) (* )	<input type="checkbox"/> 400 €	<input type="checkbox"/> 470 €	<input type="checkbox"/> 520 €
Non-Member	<input type="checkbox"/> 500 €	<input type="checkbox"/> 570 €	<input type="checkbox"/> 620 €
Student (** ) and resident	<input type="checkbox"/> 220 €	<input type="checkbox"/> 220 €	<input type="checkbox"/> 240 €
Accompanying person	<input type="checkbox"/> 150 €	<input type="checkbox"/> 200 €	<input type="checkbox"/> 220 €
			<b>TOTAL C = .....€</b>

(\*) To apply for the member registration fee, you must be a member in good standing of your Sister Thyroid Society.

Please indicate which Society you are a member of:

AOTA  ATA  ETA  LATS

(\*\*) Students are asked to provide (by email or by fax) a letter of verification from their training director to be eligible for this rate.

**D/ PRE-CONGRESS SESSIONS** (Limited number of seats/requests will be handled on a first-come first-served basis):

10 <sup>th</sup> MEETING OF ETA-CRN (Saturday 11 Sept., from 8:00 am to 1:00 pm)	<input type="checkbox"/> 120 €
ULTRASONOGRAPHY training course (Saturday 11 Sept., from 8:30 am to 1:00 pm)	<input type="checkbox"/> 120 €
<b>TOTAL D = .....€</b>	

**E/ LUNCH BOXES** (included in delegate registration fees):

<b>I will take the lunch boxes on</b> (please tick all the boxes that apply):			
<input type="checkbox"/> Sunday 12 Sept.	<input type="checkbox"/> Monday 13 Sept.	<input type="checkbox"/> Tuesday 14 Sept.	<input type="checkbox"/> Wednesday 15 Sept.
<b>Special dietary needs</b> (can only be accommodated if specified in advance)			
<input type="checkbox"/> I prefer vegetarian meals			

**F/ EVENTS** (for more details, please refer to the website):

<b>Congress Dinner "Royal Evening in Versailles"</b> (Tuesday 14 Sept.)	
Ticket	<input type="checkbox"/> 120 € x ..... ticket(s) = ..... €
<b>TOTAL F = .....€</b>	

