



ICMC 2018 Registration Form

Title:

Family Name:

First Name:

Organization:

Department:

Correspondence Address:

City:

Post / ZIP Code:

Country:

Telephone*:

FAX*:

Mobile / Cell phone**:

* Telephone/Fax fields must only contain numbers and include the international dialling code.

E-Mail:

** Only for emergency reasons

By submitting this form you are granting the ICMC permission for this information to be used to contact you.

Registration

€ 50,-

€ 40,- for ICMC members

€ 30,- for students and nurses

Lunch

There will be no lunch at the congress. Several coffee shops are located around the congress site.

Payment All payments must be made in Euro (€).

Payment can be made by check or bank transfer to the following address:

SFC, Société Francophone de Contraception

Bank: Société Générale

IBAN: FR76 3000 3030 1000 0372 9593 450

BIC (Swift): SOGEFRPP

Signature:

Date:

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 print

Please return the completed registration form to Dr. Marie MAYER

(either by email: **mariemayer780913@gmail.com** or by mail: **56 Rue Fécamp, 75012 Paris, France**)

You will be registered when the payment is received.