



3rd Congress of the international Consortium for Male contraception, May 23rd, 2022, Paris, France

Registration Form

	Title :
Family Name :	First Name :
Organization :	Department :
Correspondence address :	
City :	Postal/Zip Code :
Country :	
Telephone* :	FAX* (optional):
Mobile / Cell phone ** :	
E-mail :	

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

* : telephone / Fax must only contain numbers and include the international dialing code

** : Only for emergency reasons

Régistration fees	€ 50 € 40 for ICMC members € 30 for students and nurses
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Payment : Euros (€)	
Payment can be made on site in cash or by check or by credit card, via the link https://www.payassociation.fr/icmc/subscription	Date :

Please return the completed registration form to Dr Marie Mayer by email :

mariemayer780913@gmail.com