

FACE 2015

Facial Aesthetic Conference & Exhibition
4-5-6-7 - June, 2015

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Fax: +33 (0)1 56 837 805
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informa
exhibitions



REGISTRATION FORM - TO BE SENT BY FAX TO +33 (0)1 56 837 805 (from America dial 011 33 1 56 837 805)
ONLINE SECURED REGISTRATION ON: WWW.EUROMEDICOM.COM

Family Name

First Name

Medical Specialty (obligatory field)

Clinic / Company

Address

Zip Code

City

Country

Phone

Fax

E-mail (Mandatory)

PLEASE, USE CAPITAL LETTERS
WHEN COMPLETING THIS FORM

REGISTRATION FEES

Further information will be sent by e-mail.
Please write as CLEARLY as possible.

PASS 1: ADVANCED MASTERCLASS ONLY - JUNE 4

1 day Course only - Includes lunch and refreshments

DELEGATE RATE

RATE

300 £ 380 €

PASS 2: FULL DELEGATE PASS + MASTERCLASS - JUNE 4-5-6-7

Access to ALL lectures including Masterclass - Includes lunch and refreshments

DELEGATE RATE

STUDENT RATE *Certification required

699 £ 880 €

350 £ 450 €

PASS 3: FULL DELEGATE PASS - JUNE 5-6-7

Access to ALL lectures - Includes lunch and refreshments

DELEGATE RATE

STUDENT RATE *Certification required

499 £ 630 €

250 £ 330 €

PASS 4: SECOND TIER AGENDA PASS - JUNE 5-6-7

Access to main lecture programmes (DOES NOT include injectables agenda)
Includes lunch and refreshments

DELEGATE RATE

250 £ 330 €

PASS 5: VISITOR PASS - JUNE 5-6-7

Workshop & Exhibition Only (Does not include Lunch and Refreshments)

DELEGATE RATE

150 £ 190 €

2-YEAR FREE WOSIAM (World Society of Interdisciplinary Anti-Aging Medicine) & World MediSpa Association MEMBERSHIP offered with this registration
(for MDs only): Membership advantages will start after this registration.

If you do NOT wish to become a WOSIAM Delegate, please tick here www.wosiam.org

PAYMENT

TOTAL TO BE PAID: _____

BANK TRANSFER (to be made in EURO) to Euromedicom – Please ADD 15 € for bank charges

VERY IMPORTANT: For administrative treatment purpose, BANK TRANSFER MUST BE MADE AT LEAST 10 DAYS PRIOR TO THE CONGRESS. Passed this date, the registrant may have to pay on site his registration and will be eventually refunded after the congress. Administrative process may take up to 30 days to identify the transfer and proceed to the refund, after the event. **OBLIGATORY:** Do mention the registrant's name + « **FACE 2015** » reference on all the bank documents.

Paying bank: **Barclays Bank Plc**
Address: **Leicester, Leicestershire LE87 2BB,**
United Kingdom

Account holder: **Facial Aesthetic**
Conference and Exhibition
Sort code: **206582**

Account Number: **23396525**
BIC - SWIFT : **BARCGB22**
IBAN : **GB44 BARC 2065 8223 3965 25**

Credit card: Visa Eurocard / Mastercard American Express Diners

Credit card number: _____

Card Holder's name: _____

Expiry date: ____ / ____ 3 digits: _____

4 digits (AMEX): _____

SIGNATURE: _____

Cancellation policy: • Cancellations received before May 24th, 30% of registration retained.
• Cancellations received after May 24th, 100% of registration fee retained.

Please fill one form per registrant and send it (or copy) to: **EuroMediCom - 2, rue de Lisbonne - 75008 Paris - France**
Tel: + 33 (0)1 56 83 78 00 - Fax: +33 (0)1 56 837 805 - E-mail: registration@euromedicom.com

ON-LINE REGISTRATION: WWW.EUROMEDICOM.COM (Secured Payment)

Once your credit card debited we will destroy your payment details - Please do not send your registration scanned by email but only by fax.