

I wish to register for the following event :

Professional/researcher from ... public-sector private-sector
 Academic Full-time student Community organization

Conference registration :

october 14 october 15 october 16 october 17
 Banquet Entire conference (14 to 17 october 2007)

Do you need simultaneous-interpretation services ? Yes No

Identification : Ms Mr

Last Name : _____

First Name : _____

Organization / Company : _____

Address : _____

City : _____

Province / State : _____

Country : _____ Postal code : _____

Telephone : _____

Fax : _____

E-mail address : _____

Occupation / Title : _____

For further information, please contact :

Louise Roland : (514) 987-3000, ext. 0379

Guylaine St-Pierre : (514) 987-3000, ext. 7024

Payment

Total : _____ \$

Please fill in a separate registration form for each person accompanying you to the banquet.

Method of payment :

Visa MasterCard Expiry date : _____

Card number : _____

Name on card : _____

Signature _____

Certified cheque or money order payable to GEIRSO/UQAM (to be mailed)

Your check must reach our office during the period set out in the registration-fee section. If it does not, we cannot guarantee your registration at the rate indicated.

Please mail the completed form to our office at the address below or fax it to us at (514) 987-6733 :

**Conference on Pharmaceutical Drugs
 GEIRSO/UQAM, room A-1445
 P.O. Box 8888, Centre-Ville Station
 Montréal (Québec) H3C 3P8**

Further information about the Conference (accommodations, program, etc.) is also available at the Website :

www.2congresmedicaments.geirso.uqam.ca

Cancellation and refund :

Requests for cancellation and refund of registration fees must be made in writing and delivered to the Conference office no later than September 28, 2007. A 10% administration fee will be charged. No request received after September 28, 2007, will be considered.