



Registration Form

For Office use only

N°.....

PYMT

Please return this form together with full payment as soon as possible

and before the deadline stated to benefit from the early registration fee, to:

CESIO 2011 c/o MCI - 24, rue Chauchat – 75009 Paris – France - Fax: +33 (0)1 53 85 82 83

(Please write in capital letters or staple a business card for all your details).

For an easier and faster registration, you may also go to: www.cesio-congress.eu

A. PARTICIPANT *(please type or write in block letters)*

Prof Dr Mr Mrs Ms

LAST NAME/FAMILY NAME:

FIRST NAME:

INSTITUTION/COMPANY:

STREET/PO. BOX:

POSTAL CODE: CITY:

COUNTRY:

PHONE: FAX:

EMAIL:

Please note that your name and address could be published on the Congress' official list of participants or website and used for promotional purposes by the sponsors, unless you tick the box below.

I do not wish my name and address to appear on the Congress' official list of participants or the website or used for promotional purposes.

B. INFORMATION ABOUT THE PARTICIPANT:

Function (please tick)		
<input type="checkbox"/> Academic World	<input type="checkbox"/> Production / Manufacturing	<input type="checkbox"/> Quality assurance / Quality control
<input type="checkbox"/> Government / Institutions	<input type="checkbox"/> Purchasing / Procurement	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Marketing / Business	<input type="checkbox"/> Regulatory Affairs / Product Stewardship	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sales	<input type="checkbox"/> Safety & Environment HSE	

Dietary requirements: Vegetarian Halal Kosher

C. REGISTRATION FEES: *Please note that fees have to be settled VAT included*

	Until March 4, 2011	After March 4, 2011	On-site
Delegate from industry	<input type="checkbox"/> 800 € + 160 € VAT = 960 € VAT incl.	<input type="checkbox"/> 970 € + 194 € VAT = 1 164 € VAT incl.	<input type="checkbox"/> 1 200 € + 240 € VAT = 1 440 € VAT incl.
Delegate from the Academic World, Government or Institutions	<input type="checkbox"/> 450 € + 90 € VAT = 540 € VAT incl.		<input type="checkbox"/> 600 € + 120 € VAT = 720 € VAT incl.
Student* **	<input type="checkbox"/> 100 € + 20 € VAT = 120 € VAT incl.		<input type="checkbox"/> 300 € + 60 € VAT = 360 € VAT incl.
Gala Dinner for Student registration only	<input type="checkbox"/> 180 € + 36 € VAT = 216 € VAT incl.		-

Due to limited numbers, please note that registration to the Gala Dinner will be on "A first come, first served" basis.

Cancellations must be notified in writing (by post or fax but not email) to the Organising Secretariat and are subject to the following conditions :
until Friday 1st April 2011 : 100 € will be withheld for administrative fee
after Friday 1st April 2011 : no refunds will be issued

No registration fee refunds will be issued for cancellation or non alternance dues to failure to obtain a visa.

* Please provide a student certificate - ** Gala Dinner is not included in the student fees

D. EVENING ACTIVITIES

(On site registrations do not give access to Gala Dinner)

PLEASE CONFIRM YOUR ATTENDANCE BELOW!

Welcome Reception
Sunday June 5th 2011 yes no

Gala Dinner
Tuesday June 7th 2011 yes no

Due to limited numbers, please note that registration to the Gala Dinner will be on "A first come, first served" basis.

E. ACCOMMODATION: (please refer to the hotel list on the website)

Please indicate your choice of hotel and note the amount to pay (full stay - does not include extras).

HOTEL CHOICE (Please indicate below)	ROOM TYPE	DEPOSIT TO PAY
1 st choice:	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
2 nd choice:	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
3 rd choice:	<input type="checkbox"/> SINGLE - <input type="checkbox"/> DOUBLE - <input type="checkbox"/> TWIN
Reservation fees		+ 20 €
Total E (Deposit + Reservation fees) =	 €

Arrival: _____ / _____ / 2011 **Departure:** _____ / _____ / 2011

HOTEL RESERVATION DEADLINE: 4th March 2011

Hotel reservation requests received after this date may not be guaranteed and will be made according to availability only.

Reservation received without the required deposit and reservation fees will NOT be processed.

Hotel reservation cancellation policy:

- Until Friday 1st April 2011, 100 € will be withheld for administrative fee.
- After Friday 1st April 2011, no refunds will be issued.
- No hotel pre-payment refunds will be issued for cancellation or non-attendance due to failure to obtain a visa.

Total amount to be paid (C+E) VAT included = € VAT incl.
--	--------------------------

F. PAYMENT

- by **cheque in Euros (€)** to the order of **CESIO 2011 / MCI**
- by **bank transfer** to the order of **CESIO 2011 / MCI** to:

BANK: Crédit Lyonnais (LCL) Paris La Fayette

BANK ADDRESS: 59, rue la Fayette - 75009 Paris, France

Bank code: 30002 - Sort code: 05666 - Account No: 000 006 0133P - Key: 15

IBAN: FR91 3000 2056 6600 0006 0133 P15 - BIC: CRLYFRPP

Copy of bank transfer must be attached to the registration form. Do NOT forget to give the name of the person you are paying for, on the bank transfer order.

- by **credit card**: VISA / MASTER / EUROCARD / AMERICAN EXPRESS (no other cards accepted);

I authorize the Congress Office to debit my card for the amount indicated here above :

Number:

Expiry date: (please do not forget) CVC:

CARDHOLDER'S NAME:

"All participants to the Surfactant Congress and Business Convention undertake to comply with competition law rules and in particular within the lines of the Cefic governance and compliance policy (available on <http://www.cesio-congress.eu/register.php>). All meetings organised by companies in the context of the Congress and Business Convention will be under the sole responsibility of the participating companies, and not of CESIO".

I am aware of terms and conditions of the Cefic governance and compliance policy and accept the rules.

I hereby accept all the registration conditions and agree for the payment corresponding to my requests.

(Compulsory: Please sign. Forms without signature will not be processed)

SIGNATURE :