

PXRMS'02 REGISTRATION FORM

Print it and mail it along with your payment to: PXRMS Conference
Service Congrès / Office de Tourisme
Place du Triangle de l'Amitié - BP 25
74400 Chamonix Mont-Blanc, France

Phone: +33 (0)450 537 550 Fax: +33 (0)450 538 083 or + 33 (0)450 535 890

Email: congres@chamonix.com

Name: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

CONFERENCE FEE:

Before Nov. 9, 2001

After Nov. 9, 2001

Regular Attendee, **€ 330**

Regular Attendee, **€ 400**

Student Attendee, **€ 165**

Student Attendee, **€ 200**

Guest Attendee (meals only), **€ 165**

Guest Attendee (meals only), **€ 200**

ACCOMMODATION FEE:

No Accommodation or Hotel rooms needed

Preferred hotel or price range (see information on our web site)

When unavailable the Service Congrès will suggest another choice.

Single room with breakfast or 1/2 board

Double/ twin (2 beds) with breakfast or 1/2 board

Name of the person sharing the room _____

Arrival Date: _____ Departure Date: _____

HOTEL DEPOSIT: € 69/ person (includes a 9€ handling charges)

TOTAL PAYMENT ATTACHED:

Conference fee: € _____

Hotel deposit: € _____

Total: € _____

METHOD OF PAYMENT:

Check drawn on a French bank, in Euro (€), payable to "Service Congrès"

Credit Card

VISA MASTER/EUROCARD

Card number: _____ Expiration date: _____

Signature: _____

CANCELLATION POLICY:

- *Between Nov. 9, 2001 and Feb. 3, 2002: € 69 deducted from the conference fee; no refund on the hotel deposit*
- *After Feb. 3, 2002: no refund*