

REGISTRATION FORM

LINNC Seminar 2019 - China edition June 29-30, 2019 Bellagio Hotel, Shanghai, China

www.linnc.com

ATTENDEE IDENTIFICATION	
Title: Dr Prof Mr Mrs	
Last name: First name	ne:
Date of birth (YYYY-MM-DD):	
Email address:	
Email cc:	
Profession: Neurointerventionalist Neurologist Neuroradiologist Neurosurgeon Anaesthesiologist Cardiologist/Interventional Radiologist/Interventional Radiologist Nedical regulation Emergency physician Radiographer/Radiological	Other paramedics Other (please specify) Exhibitor
Institution /Company:	
Address:	
Zip code: City:	Country:
REGISTRATION FEES (VAT INCLUDED)	
Rate until May 29 Physician/Allied professional Exhibitor (additional badge) Industry Representative without a booth Cancellation policy Cancellation should be notified in writing by email to the registration department. Cancellation received before May 31, 2019: 50% refund Cancellation received from May 31, 2019: no refund	
WELCOME COCKTAIL Come join our Welcome Cocktail that will be held on Saturday 29 June at 6.00pm at the Bellagio Hotel.	
☐ I confirm I will attend the Welcome Cocktail	
REGISTRATION CONFIRMATION AND PAYMENT	
Please send the registration form filled in by email to Alexandre GRANGEAT: grangeat.alexandre@ccifc.org	
Payment by bank transfer: Account holder: La Chambre de Commerce et d'industrie Française en Chine Bank: Societe Generale Paris Bourse (03020)	
Bank Agency Account number Key	Date:
30003 03020 00050695494 57	Signature :
IBAN: FR76 30003 03020 00050695494 57 SWIFT: SOGEFRPP	
Reference to be mentioned with your payment: LINNCCHINA2019	
☐ I hereby accept that my family name, first name, institute/hospital/company/country may be mentioned on the attendees list which will be communicated during the congress.	