

REGISTRATION FORM

« Maritime Security and Safety, towards  
safer and cleaner seas »  
10-11-12 OCTOBER 2007

Mr  Ms      *First Name* : ..... *Last Name* : .....

*Institution / Company* : .....

*Address* : .....

*Zip Code* : ..... *City* : ..... *Country* : .....

*Phone* : ..... *Fax* : ..... *E-mail* : .....

REGISTRATION FEES			TOTAL
<i>Fees indicated below include admission to all sessions, abstracts collection, the banquet on the 10<sup>th</sup>, the cocktail on the 11<sup>th</sup> October, and coffee breaks.</i>		<input type="checkbox"/> 150 €	.....
<b>WORKSHOPS</b> These workshops are opened to the persons having settled their registration fee at the conference above. Please choose among these 3 propositions:			
<input type="checkbox"/> Management of the risks in harbour zone	<i>(Tuesday 9<sup>th</sup> October)</i>		
<input type="checkbox"/> Management of accidental marine pollution: <i>exchange of experience post-Prestige</i>	<i>(Tuesday 9<sup>th</sup> October morning)</i>		
<input type="checkbox"/> MITS (Maritime Intelligent Transports Systems)	<i>(Tuesday 9<sup>th</sup> October afternoon)</i>		
LUNCHES	Number of lunches	Price	TOTAL
Wednesday 10 <sup>th</sup> October	.....	27,00 €	.....
Thursday 11 <sup>th</sup> October	.....	27,00 €	.....
Friday 12 <sup>th</sup> October	.....	27,00 €	.....
<b>TOTAL REGISTRATION FEES + LUNCHES</b>			.....
<b>You will attend to SOCIAL EVENTS:</b>		<b>YES</b>	<b>NO</b>
Gala Banquet at the Naval Academy on the Wednesday 10 <sup>th</sup> October			
Cocktail at OCEANOPOLIS on the Thursday 11 <sup>th</sup> October			

Your registration will be definitive after reception of your payment.  
Cancellation terms : No refunds will be made after the 1<sup>st</sup> October 2007.  
For cancellations before the 30<sup>th</sup> September an amount of 100 € will be kept or due. All requests for refunds must be in writing.

**METHODS OF PAYMENT:** Only in euros

- International Banker's Cheque made out to : SOPAB/QUARTZ CONGRES
- Credit card :     Visa International       Eurocard       Master Card       American Express

N°: .....      Expiration date: .....

3 last digits on reverse of card: .....      Amount: .....      Signature:

- Interbank Transfer to : SOPAB - QUARTZ CONGRES - Banque de Bretagne 40168 00030 30245023962 - 93  
International Account Number: FR76 40168 00030 30245023962 - 93      SWIFT CODE: BDEBFR2R  
**INTERNATIONAL BANK TRANSFER FEES WILL BE BONE BY THE PAYER.**

Date :

Signature :