Personai Informa	tion (please write in CAPITAL	LETTERS)			
□ Mrs □ Mr					
Last Name	First Name				
Job Title					
Email					
Company/Organization					
Address					
City	ZIP Code	Country			
Registration fee	5				
□ Delegate – 2 days (29	and 30 January) (CHF 650)				
□ Delegate – 1 day (30	January) (CHF 325)				
\square UNIL-CHUV (29 and 3	0 January) (CHF 0)				
Wednesday 29 J Sessions	anuary 2020				
□ 8:00 - 18:00 					
Thursday 30 Jan	uary 2020				
Sessions □ 08:00 - 18:00					
PAYMENT					
Total : CHF					
\square I would like to pay by	credit card in advance. (Save time o	n-site). No refund upon cancellation.			
Please communica	te your credit card number by phone	at Olivier Mouraux : +41 21 613 73 15			
□ I will pay on-site. Kin	dly take note that on-site registration	will take approx. 20 minutes			
Payment hy	☐ Credit card (VISA FCA AMEX Mas	terCard)			

Signature_____

Registration Cancellation Policy: no fee will be refunded.

Date_____