**SPECIAL REGISTRATION FOR IMS MEMBERS**

**50% OFF STANDARD RATE
*Please send this form to the Organizing Secretariat by email:******comy@cme-congresses.com****A confirmation email will be sent back*

|  |
| --- |
| **Registration Number (for office use only):** |
| **Title (Mr, Ms, Dr, Pr, other):**  |
| **First Name:**  |
| **Family Name:**  |
| **General medical council number:** **(if applicable)** |
| **Institution:**  |
| **Department:**  |
| **Address:** |
| **Zip code: City:** |
| **Tel: Fax: Mobile:** |
| **Email (block letters please):**  |

**N.B. ALL DATA is MANDATORY.**

Date: Signature:

**Registration, meals and coffee breaks are provided free of charge**