



The European Medicines Agency
Veterinary Medicines and Inspections



REGISTRATION FORM

2009 EMEA/IFAH-Europe Info Day

London, 12-13 March 2009

Venue: EMEA, 7 Westferry Circus, Canary Wharf, London E14 4 HB

**Deadline for registration:
Wednesday 25 February 2009**

*The official registration confirmation will only be sent to the participants
who have duly completed this registration form.*

Mr/Ms/Mrs/Dr/Prof: _____ Name: _____ First Name: _____

Function: _____

Company/Agency: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Phone: _____ Fax: _____

E-mail : _____ VAT (essential) : _____

- ☐ will attend the EMEA/IFAH-Europe Info Day on 12-13 March 2009*
☐ will attend the cocktail reception and supper in the evening of 12 March 2009*

**tick as appropriate*

FOR INDUSTRY ONLY

REGISTRATION FEE: € 300,00 / person

(The registration fee covers documentation, coffee breaks, cocktail reception, supper and administrative charges;
the cancellation fee is Euro 30,00 / person after 25 February 2009)

Payments by cheque are not accepted

- ☐ I will pay by bank transfer to Fortis Bank - IBAN code BE73 0014 4916 6660 (Account n° 001-4491666-60) - B.I.C. (Swift): GEBA BE BB - Agence Louise, Avenue Louise 200 – BE-1050 Bruxelles
(all costs borne by the payer)
Please include reference "EMEA/IFAH-Europe Info Day" and complete name

- ☐ By credit card: Amex ☐ Visa ☐ MasterCard ☐

Card number: _____ Expiry Date: (MM/YY): _____

Cardholder's name Mr/Mrs/Ms: _____

Please return this form to *Marie-Hélène Delvaux, Executive Secretary*
Technical Department