

REGISTRATION FORM  
**2014 European Medicines Agency/IFAH-Europe Info Day**  
**London, 13-14 March 2014**

Venue: European Medicines Agency, 7 Westferry Circus,  
Canary Wharf, London E14 4 HB

**Deadline for registration: Friday 28 February 2014**

*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: \_\_\_\_\_

**Invoice address:**

Address: \_\_\_\_\_

Postal code / City: \_\_\_\_\_

Your P.O. number (if requested by your company): \_\_\_\_\_

Country: \_\_\_\_\_ Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_ **VAT (essential):** \_\_\_\_\_

- ☐ will attend the EMA/IFAH-Europe Info Day on 13-14 March 2014\*  
☐ will attend the cocktail reception and supper in the evening of 13 March 2014\*

*\*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 28 February 2014)

**Payments by cheque are not accepted**

- ☐ I will pay by bank transfer to BNP PARIBAS 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 "EMA/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*  
by e-mail ([techsec@ifahsec.org](mailto:techsec@ifahsec.org)) or by fax (+32 2 537 00 49)  
**before Friday 28 February 2014**