

PATIENTS-DOCTORS MEETING

1ST OCTOBER 2016

"ARTS FORAINS" MUSEUM : 10 RUE LHEUREUX 75012 PARIS

INSCRIPTION FORM

First name :.....

Last name :.....

Address :.....

Phone :..... Cellular Phone :.....

Email address :.....@.....

Friend or family member #1: First Name:.....Last Name :.....

Friend or family member #2: First Name:.....Last Name :.....

Friend or family member #3: First Name:.....Last Name :.....

MEALS

Number for lunch **Lunch :** x 25 €

Number for dinner **Dinner :** x 35 €

TOTAL : €

This Inscription form has to be filled up with the payment by check or by International Bank tranfert IBAN : FR33 2004 1010 0821 3342 5E02 949 and sent before **on 15th September 2016 last delay** to the treasurer:

Michelle AIRAUD
35 bis rue du Port Fidèle
85800 Saint-Gilles Croix de Vie FRANCE - Phone: +33 6 75 25 60 09