

Current challenges and new methodological approaches to assess vaccine effectiveness and vaccination impact

September 28-30, 2009

at Les Pensières Conference Center • Veyrier-Du-Lac • France • www.fondation-merieux.org

PARTICIPANT REGISTRATION FORM

Please complete and return to Ms Amal Darghouth, **before September 7, 2009.**

amal.darghouth@fondation-merieux.org - fax +33 4 50 60 07 21 - phone +33 4 50 64 80 80

NAME & ADDRESS INFORMATION

Family name..... First Name.....
Address.....
Code/City..... Country..... Institute/Company.....
Phone..... Fax..... Email.....

HOTEL REQUEST > Indicate which nights you will be staying: September 28 September 29 September 30
> Indicate your room request : For one person For two people No room required

Please note that additional nights spent, other hotel extras and expenses related to accompanying persons will not be reimbursed.

REGISTRATION FEES

> Registration fees do not include hotel and travel fees.
Registration fees will be processed as a **200 € tax deductible donation** per participant*.
This fee includes:

- participation in all conference sessions and workshops
- gourmet meals throughout the conference

Your donation will help to support Fondation Mérioux's non profit activities and will allow us to continue to offer as many conferences as possible.

Fondation Mérioux contributes through direct funding to approximately 80% of the total conference costs.

We invite you to help us to continue to offer as many conferences as possible by making an additional contribution directly to Fondation Mérioux.

We thank you for your participation and your contribution towards fulfilling Fondation Mérioux's missions.

** In certain cases post doctorate students may be eligible to attend the conference free of charge.*

> **Registration fees** (registration and additional contribution): **200 +** = **Euros**

PAYMENT DETAILS

IMPORTANT: All payments should be made to Fondation Mérioux **at least one week before the conference.**

Visa Eurocard/Mastercard American Express

Credit card number: Expiring date:

Card holder's name:

I hereby authorize Fondation Mérioux to debit this credit card account for the total amount due. Having signed below I herewith confirm that I have read and I am fully aware of all registration/reservation and cancellations conditions.

Date and signature:

SPECIAL REQUIREMENTS

> Fondation Mérioux will provide all meals. Do you have special dietary requirements?
 No pork Vegetarian

