



# 3<sup>RD</sup> SYMPOSIUM CANCER & SEXUALITY

FRIDAY, OCTOBER 19<sup>TH</sup> 2012 - LYON - FRANCE  
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

## REGISTRATION FORM

**Please fill this form and return to COMM Santé - 76 rue Marcel Sembat - 33323 Bègles cedex - France**  
Tel: +33(0) 5 57 97 19 19 - Fax: +33(0) 5 57 97 19 15 - E-mail: irene.pere@comm-sante.com

### /// IDENTITY

Mr  Ms

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

#### ATTENDEE'S PRIMARY PROFESSION:

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Clinician    | <input type="checkbox"/> General practitioner | <input type="checkbox"/> Coordinating doctor | <input type="checkbox"/> Health framework  |
| <input type="checkbox"/> Nurse        | <input type="checkbox"/> Nurse assistant      | <input type="checkbox"/> Pharmacist          | <input type="checkbox"/> Hospital director |
| <input type="checkbox"/> Other: _____ |   |  |  |

#### SPECIALITY:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Medical oncology | <input type="checkbox"/> Supportive care | <input type="checkbox"/> Psycho oncology | <input type="checkbox"/> Surgery               |
| <input type="checkbox"/> Pain             | <input type="checkbox"/> Gynecology      | <input type="checkbox"/> Sexology        | <input type="checkbox"/> Radiotherapy oncology |
| <input type="checkbox"/> Psychiatry       | <input type="checkbox"/> Other: _____    |  |  |

Organization: \_\_\_\_\_

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

Post code: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_

(confirmation's registration will be send you by e-mail)

### /// TO FILL IN CASE OF REFUNDING

Organization: \_\_\_\_\_

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

Post code: \_\_\_\_\_ City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: \_\_\_\_\_

(confirmation's registration will be send you by e-mail)

## /// REGISTRATION FEE

Fees for all Meeting Participants include:

- Access to scientific session
- Access to public conference
- Lunch
- Coffee break

Registration fee

**BEFORE**  
5<sup>th</sup> september

125 €

**AFTER**  
5<sup>th</sup> september

175 €

/// **TOTAL:**

Public conference on the 18th october night  Yes  No

Lunch on Friday 19th October  Yes  No

## /// REGISTRATION DEADLINES

Delegates are advised to book early to avoid disappointment as places are limited to 180 delegates. The early bird registration fee of 125 Euros is including the membership fee for ISSC for 2012. After the 5th september, the registration fee will be 175 Euros. On-site registration, only in the event that there are still places available, will be 250 Euros. Cancellations before 1st September 2012 will be refunded (less 25 Euros cancellation fee) after the meeting. After 1st September 2012, no refund will be possible

## /// PAYMENT TERMS

Payment of registration fees (in €) can be made as follows:

• **By Credit Card:**

- Visa  Mastercard

Credit card number : \_\_\_\_\_

Expiration date: \_\_\_\_\_

Account Name: \_\_\_\_\_

• **By Bank Transfer:**

Account Name: \_\_\_\_\_

Bank code: 10907 – Sort code : 00001

Bank names: BPSO Jean Jaurès Bordeaux

SWIFT: CCBPFRPPBDX

Number bank account: 820 21 029 135 – Code bank identification : 53

IBAN: FR76 1090 7000 0182 0210 2913 553

Date and signature:

• Please ensure that the name of the meeting and of the participant is stated on the bank transfer.

• Bank charges are the responsibility of the participant and should be paid at source in addition to the registration fees.

Registration will only be valid upon receipt of the full payment by the registration department according to the deadline indicated. An email confirming registration will only be sent after receipt of the required fees.

A copy of the bank transfer (or other proof of payment) will be required in the event that registration fees were not credited to the meeting account on time.