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**Registration Form**

**Title:** Mrs./Mr./ Dr./Prof.

Name: **Family name:**

**Address:**

Country:

Phone:

**Mail:**

**Name(s) of the accompanying person (if any):**

|  |  |  |
| --- | --- | --- |
| **- will attend the Wine & Cheese Tasting on Thursday** (May 30th at 6 pm) | Yes  | No  |
| **- any allergy or special diet,** please mention here: | Yes  | No  |
| **- Vegan** | Yes  | No  |
| **- LUNCH on Friday noon** (May, 31st) at the Village by CA | Yes  | No  |
| **- Banquet on Friday evening** (May, 31st at 8 pm, downtown Dijon): | Yes  | No  |
| **- Guided Tour of Old Dijon on Saturday Morning** (June 1st at 9 am) | Yes  | No  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fees** | **Member SCF\*** |  | **Non member SCF** |  |
| **PhD student, Post-doctorant** **(< 30 years old)** | **75 €** |  | **100 €** |  |
| **Regular Participant** | **150 €** |  | **175 €** |  |
| **Accompanying Guest** |  |  | **75 €** |  |
| **Banquet on Friday evening (at 8 pm)** | **50 €** |  | **50 €** |  |
| **Guided Tour of Old Dijon** | **Free** |  | **Free** |  |
|  **TOTAL (euros)** |  |
| \*Numéro d’adhérent à la SCF :  |  |

**Settlement** Bank transfer from outside France should be made using the International Bank Account Number (see next page for instruction): **FR76 3000 3003 2500 0507 0363 554**

**Abstract submission**

|  |  |  |
| --- | --- | --- |
| **- Will present a POSTER** | Yes  | No  |
| **- Wish to present a Flash Communication (Limited numbers)** | Yes  | No  |

Section régionale Bourgogne Franche-Comté

Tél : 03 80 39 60 82 / Fax : 03 80 39 61 17

N° SIRET 329 714 216 000 10

N° TVA FR 01 329 714 216



**Règlement :**

* soit par chèque à l’ordre de la *SCF Section Régionale Bourgogne Franche-Comté* (si le compte de votre entreprise est domicilié en France)
* soit par virement sur le compte suivant (RIB ci-après)

**Settlement**

Bank transfer from outside France should be made using the International Bank Account Number : **FR76 3000 3003 2500 0507 0363 554**



**Chèque à envoyer à (to be sent to) :**

Prof. Claude GROS & Dr. Michel MEYER

**1st Åsgard Horizon French-Norwegian Symposium**

ICMUB - UMR CNRS 6302

9, avenue Alain Savary

BP 47 870

21 078 DIJON Cedex – France

Tél. (33) 3 80 39 61 12

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