

REGISTRATION FORM

Please return this registration form with the payment to:

Christine DEROTE

By email: christine.derote@u-bourgogne.fr

Or by post : Christine DEROTE, Antenne financière des UFR littéraires, juridique et économique

4, Boulevard Gabriel - 21000 DIJON - FRANCE Phone number: (+33) 380 395 317

Important: the conference is international. In order to allow all participants, spread over several time zones, to follow the event, the conference is recorded. The recordings will be made available to registered participants for 10 days, on the platform Streams (Microsoft) and without the possibility of downloading them. Participants who do not wish to be filmed can turn off their cameras.

BY REGISTERING FOR THE CONFERENCE, YOU ACCEPT THESE TERMS AND CONDITIONS.

Once your registration has been validated, you will receive an activation link to connect to Teams, the platform through which the conference will take place.

First Name

PARTICIPANT

LAST NAME

| Employed as | | | | | | |
|---|---------------------|-------|--|--|--|--|
| Affiliation/Company name | | | | | | |
| Employer's Address | | | | | | |
| Postcode (ZIP code) | City | | | | | |
| Country | | | | | | |
| Participant's Email | Participant's Phone | +(XX) | | | | |
| Do you need a certificate of attendance? Please tick the box ☐ Yes ☐ No Are you part of a European Reference Network? Please tick the box ☐ Yes ☐ No | | | | | | |
| If yes, which one? | | | | | | |

REGISTRATION FEES TTC (transaction subject to VAT)

| Please check your status (<i>Please tick the box</i>): | Registration fees |
|--|------------------------------------|
| ☐ Guest / Full Time Students / Members of LEDi | Free |
| ☐ Press delegate / Academics / Members of European Reference Network / Health and Social professionals (non-profit organisations) / Representatives of public institution / Patient or family organisations / Pharmaceutical and Biotech Industry / Independent Consultant | 48 € TTC (including 8 € VAT) |

| Consultant | |
|--|--|
| PAYMENT Please check your payment choice (tick the box) | |
| ☐ By bank check Payable to « Régisseur des UFR juridique et économique » | |
| ☐ By bank transfer In the Name of Régisseur des UFR juridique et économique Account Trésor Public: DIJON TG 10071/21000/00001006018/21 IBAN: FR 76 1007 1210 0000 0010 0601 821 SWIFT: TRPUFRP1XXX | |
| ☐ By credit card Via the online platform Paybox | |
| ☐ By purchase order (INSTITUTIONAL PAYMENT WITH INVOICE) At the address of université de Bourgogne – LEDi | |
| | |

In case of payment by purchase order, please complete the table below:

According to the following registration certificate:

| I, the undersigned | Last Name | | First Name | |
|------------------------------|-------------------------|--------------------------|------------|--|
| Positon held | | | | |
| Affiliation/Company nai | me | | | |
| Certify that the institution | on I represent will bea | r the costs of this regi | stration | |
| and pay it upon present | ation of an invoice | | | |
| Made in | | Date | | |
| Signature and/or stamp | | • | • | |
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Thank you for your registration.

Do not forget to send this form to Christine Derote and to proceed to the payment before 24th May 2021 christine.derote@u-bourgogne.fr

For further information about the conference, please contact: rachelle.petit@u-bourgogne.fr

+33 3 80 39 54 41