

Early and Pre-registration Form

Deadline: October 31, 2008

To register online and pay with credit card, please visit our website: www.iofbonehealth.org

Credit card payment information or proof of direct bank transfer must accompany this form completed in full in order to be processed. Registrations will only be processed with payments made in US\$.

Registrations will be considered as valid when the payment and the registration form are received.

This form is for ONE registration only. For additional registrations, please photocopy this form. If you are registering by fax, please do not send any hard copy.

Mail or fax this registration form to:

IOF Congress Secretariat, 73 cours Albert Thomas, 69447 Lyon cedex 03, France, Fax: +33 4 72 36 90 52

Clearly PRINT or TYPE your name exactly as it should appear on your badge.

Prof/Dr/Mr/Mrs/Ms (circle title)

First Name

Last Name

Company/Institution

Address

City

State/Province

Postal Code

Country

Telephone

Fax

E-mail Address

Accompanying Person (Registration free of charge – please note that you may register only one accompanying person)

First Name

Last Name

Registration Fees for Congress Duration (please tick the appropriate box)

Status (1)	Early Registration Until May 22, 2008	Pre-Registration May 23 – October 31, 2008	On Site (3)
Non-Member	<input type="checkbox"/> US\$ 515	<input type="checkbox"/> US\$ 645	<input type="checkbox"/> US\$ 730
IOF Member	<input type="checkbox"/> US\$ 460	<input type="checkbox"/> US\$ 580	<input type="checkbox"/> US\$ 655
Student/Fellow (2)	<input type="checkbox"/> US\$ 195	<input type="checkbox"/> US\$ 240	<input type="checkbox"/> US\$ 260
Developing countries (4)	<input type="checkbox"/> US\$ 195	<input type="checkbox"/> US\$ 240	<input type="checkbox"/> US\$ 260

(1) For definitions of status, please refer to page 10.

(2) Certification of Student/Fellow status required below.

(3) No registration will be accepted after October 31, 2008

(4) Available for individual registrations only. Contact the Secretariat to check your country status. Proof of residency may be required.

Certification of Student/Fellow Status

I, (Name of training mentor/director),

certify that the individual registered above is a Student/Fellow at my institution/company.

Signature (Signature of training mentor/director)

Early and Pre-registration Form

Payment Information

- Credit Card: IOF only accepts VISA and MASTERCARD (we do not accept American Express)
- Direct Bank Transfer: Please e-mail the IOF Congress Secretariat at info@iofbonehealth.org for details

Payment Details

Registration fee US\$ _____

Credit Card – IOF is authorised to debit my credit card as follows:

- Visa MasterCard

Credit Card Number _____

Expiration Date _____

Security Code (digits present on signature panel) _____

Name of Cardholder (Please Print) _____

Signature of Cardholder _____

Direct Bank Transfer proof of payment is attached

Cancellation & Refund Policies

- Notification of cancellation and refund requests must be submitted in writing by September 14, 2008 to the IOF Congress Secretariat. An administrative fee of 20% will be deducted from the total amount originally due/charged. All refunds will be made after the Congress.
- No refunds will be given for cancellations received after September 14, 2008.

I require an official letter of invitation in order to obtain an entry visa to Thailand.

Special Needs

It is important to us that you enjoy the IOF World Congress on Osteoporosis. If, due to a disability, you have any special needs, please let us know and we will do our best to assist you.

