



# REGISTRATION

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REGISTRATION DEADLINE: 31 JULY 2015

REGISTRATION FEE: 135.00 €

Title (\*)

Name (\*)

Surname (\*)

University/Company/Laboratory (\*)

Address (\*)

Email (\*)

Phone number (\*)

Payment method (\*)

Meal request Vegetarian  
Gluten free

Validation de saisie (\*)



[écoutez le mot à saisir](#)

PAYMENT DETAILS :(BANK TRANSFERT TO PERPIGNAN UNIVERSITY ACOUNT):

IBAN : FR76 1007 1660 0000 0010 0233 438

BIC : TRPUERP1

**PLEASE INDICATE IN OBJECT : "TMSB2015" AS WELL AS THE PARTICIPANT(S) NAME(S)**

Mise à jour le 16 juillet 2015

**SECRÉTAIRE:**

Mme Françoise PETIT  
Tel: +33 (0)4 68 66 22 57  
Fax: +33 (0)4 68 66 22 23  
Email: [secbae@univ-perp.fr](mailto:secbae@univ-perp.fr)