REGISTRATION FORM

Presentation of WUWHS Yokohama 2012
And
Transcontinental Wound Registry Meeting

Thursday September 9th, 2010 • 10.00 am-8.30 pm
ASAN Medical Center, Seoul (South Korea)

A. How to Register

Complete and return the form by email to marianne.kemmer@wuwhs.org

B. Delegate Information

Title: Prof / Dr / Mr / Mrs* Sex: M / F* (* please circle as applicable)

First Name: ……Family Name: …….

Company Name / Organisation: ……

Address: …….

Postal Code: ……Country: ……

City: ……Telephone: ……

Mobile number:……... E-mail:……..

C. Registration

❍ Registration Fee € 350

D. Cancelation Policy

Due to fixed organizational costs, we are able to substitute name(s) but will not be able to refund.

E. Payment Methods

❍ **Bank transfer** to Academy of Wound Technology, 8 rue Tronchet, 75008 Paris, France
IBAN Number: FR58 3000 2005 6100 0048 0622 H40
BIC: CRLYFRPP
Bank Address: CL PARIS AGENCE CENTRALE

❍ **Credit Card** ☐ Master Card ☐ Visa ☐ Amex

Card N°: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry date: |_|_|_|_| M M Y Y

Signature of card holder: