



Members' Meeting 2008 – Destination Paris

Registration Form

Please complete one form per Delegate and send it to:

Ms. Sheraz Neffati

ICDA

Tel:+33 1 40 76 06 89

Fax:+33 1 40 76 06 87

Email: sneffati@icdachromium.com

IMPORTANT: To be returned to ICDA before 1st April 2008

Mr. Mrs. Ms.

Last (family) Name: First (given) Name:

Company:

Address:

Postcode, City, Country:

Telephone: Fax:

E-Mail:

Accompanied by (Full Name):

Special diets (if any):

Will attend the REACH Session on the 16th May : Yes No Alloys Chemicals Metal

Registration Fees to be paid to ICDA

Table with 3 columns: Fee Type, Amount, and Total. Rows include ICDA Member Fee (1150 €), Non-ICDA Member Fee (1850 €), Accompanying Person Fee (350 €), and REACH Session Fee (280 €).

Please confirm the total amount in € that will be paid by bank transfer to ICDA (Delegates are requested to send a swift copy)

Bank details:

HSBC France, Agence Centrale
103 Avenue des Champs Elysées
75008 Paris, France

Account N°: 30056 00148 0148 202 4842 10
IBAN: FR76 30056 00148 0148 202 4842 10
SWIFT Code: CCFRFRPP

Hotel Fees to be paid to the Westin, Paris

Table with 4 columns: Date/Room Type, Room Type, Occupancy, and Price. Rows include Arrival/Non-Smoking Room (370€ x) and Departure/Smoking Room (390€ x).

Please confirm the total amount in € that will be charged to your card by The Westin, Paris

I hereby authorise The Westin, Paris to charge my credit card for the amounts above

VISA MASTERCARD AMEX

Credit Card Number: Expiry date:

CVC Security Code (last 3 digits on the back of the card):

Card Holder's Name:

Card Holder's Signature: