

**ONE REGISTRATION FORM PER PERSON PLEASE! (WRITE CLEARLY IN CAPITAL LETTERS OR ATTACH YOUR BUSINESS CARD)**

Last name ..... First name .....  
 Specialty or Company name .....  
 Address .....  
 Zip code ..... City ..... Country .....  
 Phone (+.....) ..... Fax (+.....) .....  
 Email (mandatory) .....

NOTA: the corresponding invoice will be emailed to you within the 10 following days. Make sure your email is correctly written.

FOLLOW THE 5 STEPS		ACCESS (check on imcas .com)	FEES in euros	ADDITIONAL INFORMATION & SUPPORTING DOCUMENTS	✓
<b>PHYSICIAN</b> (practicing doctor)		full	780	a. physician diploma	
<b>PHYSICIAN</b> (resident or fellow)		full	580	a. ID or passport > resident or fellow must be born after the year 1983 b. written certificate established by the Chief of Service of your University Department, clearly specifying your medical specialization Certificates established by private institutions will not be accepted	
<b>NURSE &amp; MEDICAL STAFF</b> (non-physician, treating patients in a medical environment)		partial	580	> for a nurse: diploma > for medical office staff: salary payslip proving employment in a physician's office	
<b>CORPORATE PROFESSIONAL</b> (industry representative, corporate individual, scientist, researcher)		partial	780	a. business card	
<b>ACCOMPANYING PERSON</b> (spouse only)		partial	580	a. ID or passport for both spouses	
<b>1</b>	EXHIBITOR ADDITIONAL	partial	110	> <b>staff of the exhibiting company</b> a. membership proof - business card  > <b>licensed distributor of the exhibiting company</b> a. a business card of the exhibiting company OR an official letter established and signed by a staff member confirming your distributor status b. your own business card	
<b>MODULE PASSES</b> > <b>vulvovaginal module</b> on Thursday from 9 AM to 10 AM on Friday from 2:30 PM to 3:30 PM on Saturday from 8 AM to 12.30 PM > <b>cosmeceuticals module</b> on Friday from 8 AM to 6 PM		partial	<input type="checkbox"/> Vulvovaginal: 300 <input type="checkbox"/> Cosmeceuticals: 300	> <b>vulvovaginal for gynecologist only</b> a. diploma from the Medical Board verifying the speciality > <b>cosmeceuticals for self-employed beautician or aesthetician only</b> a. referenced business registration document b. letterhead or a business card of the company	
<b>2</b>	<b>TEACHING COURSES (TC)</b> Registration as a delegate (chapter 1) is mandatory to register for Teaching Courses. You can choose up to 3 Teaching Courses. (check the program to avoid time conflicts)	option	<input type="checkbox"/> 1 TC: 120 <input type="checkbox"/> 2 TC: 180 <input type="checkbox"/> 3 TC: 240	Thursday 4:30 to 6:30 PM Friday 5 to 7 PM Saturday 5 to 6:30 PM *Saturday 3:30 to 6:30 PM <input type="checkbox"/> S23 - Blepharoplasty <input type="checkbox"/> S31 - Threads <input type="checkbox"/> S74 - Hyperpigmentation disorders <input type="checkbox"/> S110 - Injectables combined treatments <input type="checkbox"/> S145 - Lasers & EBD* <input type="checkbox"/> S155 - Hyperhidrosis <input type="checkbox"/> S173 - Fillers <input type="checkbox"/> S182 - Buttock <input type="checkbox"/> S191 - Anti-aging	
<b>3</b>	<b>IMCAS ACADEMY</b> Anytime, Anywhere academy.imcas.com	option	200	Finding it difficult to choose between two sessions that are on at the same time? Want to be able to see a presentation again? Then sign up now for a 12 month subscription to IMCAS' e-learning platform (standard subscription is at 370 EUR).  *Online presentations on IMCAS Academy are subject to speaker's approval.	
<b>4</b>	<b>MEMBER PLUS PACKAGE</b> Registration as a delegate (chapter 1) is mandatory to register as a member plus.	option	70	The attendee gets access to the exclusive Cafe Parisien at all times, which offers: complimentary wifi / complimentary hot and cold beverages, sweet and salty snacks / daily international newspapers / personal concierge service / seating & lounge area	
<b>5</b>	<b>IMCAS GALA DINNER</b> «La Nuit des IMCAS Awards»	option	220	on Saturday, January 28, 2017 at 8 PM (Pavillon Vendôme)	

By CREDIT CARD / DEBIT CARD

> Select type of Credit/Debit Card  EC / MC  VISA  AMEX  
 Card holder's Name: .....  
 Card number: .....  
 For EUROCARD / MASTERCARD or VISA:  
 -> last 3 digits on the back of your credit card (CVV code) .....  
 or For AMEX:  
 -> 4 digit number located above right of the credit card: .....

By CASH

TOTAL AMOUNT: ..... €

YOUR SIGNATURE HERE:

**CANCELLATION POLICY**  
 Before December 16, 2016: 70% of the registration fees will be refunded.  
 After December 16, 2016: there will be no refund.

196 Expiry date (MM/YYYY): ..... / .....