

PRE REGISTRATION FORM

| | |
|---|--------------------|
| Surname | First Name |
| Place of Work | |
| Mailing address | |
| Country | Postal code |
| Tel | Fax |
| e-mail | |
| Would you like to submit an abstract? | <i>Language</i> |
| <i>Topic</i> | |
| Would you like to organise a workshop? | |
| <i>Topic</i> | |

Print and Fill this form, and mail it at the following address

ARFDM
2 rue des Paradoux
31000 Toulouse
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