



University Year 2005-2006

EUROPEAN UNIVERSITARY DIPLOMA
“HEPATIC-PANCREATIC AND BILIARY CANCERS
ONCOSURGE STRATEGIES”

THIS FILE MUST BE COMPLETED IN CAPITAL LETTERS

IDENTIFICATION AND CONTACT INFORMATION

Mr

Mrs

Miss

NAME : _____

MAIDEN NAME _____

(FOR MARRIED WOMEN)

FIRST NAME : _____

DATE OF BIRTH : _____

COUNTRY OF BIRTH : _____

PLACE OF BIRTH : _____

NATIONALITY : _____

MARITAL STATUS : SINGLE WIDOW(ER) MARRIED DIVORCED

HOME ADDRESS :

Number- Street-Building etc : _____

POSTAL CODE : _____ CITY _____

PROFESSIONAL ADDRESS :

ROLE/TITLE : _____

DEPARTMENT OF : _____

HOSPITAL AND / OR UNIVERSITY : _____

ADDRESS : _____

TEL : _____ FAX _____

E MAIL : _____

- MD : DATE OF GRADUATION : _____

- MEDICAL SPECIALITY OBTAINED OR STUDIED : _____

- OTHER DEGREES OR DIPLOMAS : _____

The French law N° 76.17 January dated 6th,1976 allows each individual to have access to the contents of his own data files.

THE UNDERSIGNED STUDENT CERTIFIES THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS ACCURATE

DAY _____ MONTH _____

SIGNATURE,

Participation Fees: 800 Euros

Student Participation Fees : 600 euros

The registration fees cover the costs of the 3 seminars and the final examination. They do not cover travelling and lodging expenses and they include insurance coverage whilst attending the theoretical sessions.

Payment (bank transfer or certified check) is prior to the beginning of the first session, and should be sent to :

⇒ FOR BANK TRANSFER

N° IBAN : FR 76 1007 19 10 0000 0010 0177471

<u>CODE BANQUE</u>	<u>CODE GUICHET</u>	<u>NUMERO DE COMPTE</u>	<u>CLE</u>	<u>CACHET DU POSTE TENEUR DU COMPTE</u>
10071	91000	00001001774	71	T.G. de Palaiseau BP 2 17 Rue des Marais 91120 PALAISEAU
<u>DOMICILIATION</u>		<u>TITULAIRE DU COMPTE</u>		Code SWIFFT
TP PALAISEAU		Agence comptable Université Paris-Sud		BDFEFRPPXXX

**Code établissement : 10071 - Code guichet : 91000
N° COMPTE 0001001774 - CLE RIB : 71 Code APE : 803 Z**

*SIRET DE L'UNIVERSITE PARIS-SUD / 199 111 014 000 15
NUMERO DE DECLARATION D'EXISTENCE : 11 91 P000 291
STATUT : PUBLIC*

⇒ FOR CHECK

in the name of : **Agent Comptable Université Paris XI**

If you have received or downloaded the registration form, send it after completion to :

EUROPEAN UNIVERSITARY DIPLOMA

"HEPATIC-PANCREATIC AND BILIARY CANCERS" - ONCOSURGE STRATEGIES"

Paul Brouse Hospital - Hepato-Biliary Center

14 av. P. Vaillant Couturier - 94800 Villejuif - France

email : virginie.lambert@pbr.aphp.fr

- with 2 identity photos
- a copy of your identity card or passport.
- with your proof of payment
- with envelope to be filled in with your address (do not stamp)

In return you will receive your student card and all relevant information for the sessions and final examination.