



10th IFAPP EUROPEAN CONFERENCE

London, Friday, 30 January 2009

Quality Issues in Clinical Research

In collaboration with BrAPP and BARQA

REGISTRATION FORM

*Please complete and return this form as soon as possible to
Secretariat IFAPP, Kuipersweg 2T, 3449 JA WOERDEN, The Netherlands,
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Please register me for the 10th IFAPP EUROPEAN CONFERENCE

Mr Mrs Dr Prof.

First name: _____ Last name: _____

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BrAPP member: yes no BARQA member: yes no

Registration Fee (registrations will be accepted only upon receipt of payment).

You should pay the registration fee of **EUR 800** (Euro 700 for BrAPP/BARQA members) by bank transfer to account of the 10th IFAPP European Conference account no. **55.84.60.739**

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Cancellation fee

In the event of cancellation before 1 December 2008 the fee will be reimbursed by deduction of a 20% (160 Euro or 140 Euro) administration fee. Cancellation after 1 December 2008 will not be reimbursed. Replacement of a delegate can occur at any time without additional charge.

Date: _____ Signature: _____