

**II Swiss International Congress on Anti-Aging and Aesthetic Medicine -
SICAAAM- November 27-29,2009-Geneva,Switzerland.Ramada Park Hotel**

REGISTRATION FORM

Family Name :First Name :

Title :Speciality :

Address :Zip code :

City :Country :

Phone (office) :Fax :

E-mail :

Nationality :

Accompanying Person:

Form of Payment :

By credit card : Visa Master Card Amex Diners

Credit Card Number :Expiry Date :/.....

Cardholder's Name :

Signature :Date :/...../2009

By Wire Transfert :

Beneficiary : SAAAM-CH-1201

Financial Organism : SWISS POSTFINANCE

Account Number : 17-588001-2

IBAN : CH6209000000175880012

SWIFT /BIC : POFICHBEXX

Clearing code : 09000

REGISTRATION FEES *	Before August ,1	After August, 2
Full Participation-Full Passport -3 Days	Euros 300	Euros 375
2 Days	Euros 200	Euros 250
1 Day	Euros 100	Euros 150
Accompanying person	Euros 150	Euros 175

**Please put a circle-outline where convenient*

GALA DINNER (Saturday 28 November.Ramada Park Hotel) Price Per Person :Euros 100

Number of Persons :.....

TOTAL (Inscription Fees +Gala Dinner *if any*) : EUROS.....

Please fill-in this Registration Form and fax it to SAAAM at :+41 22 906 77 78

**Focal point /contact :Mrs Verena Vazzoler –Conference Manager
SAAAM- 11,Rue Rousseau.CH -1201-Genève-Suisse
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