



Pharmaceutical Group  
of the European Union

Groupement Pharmaceutique  
de l'Union Européenne



Associação Nacional das Farmácias

National Association  
of Pharmacies

Associação Nacional  
des Pharmacies



ORDEM DOS FARMACÊUTICOS

Pharmaceutical Society

L'Ordre des Pharmaciens

## PGEU GENERAL ASSEMBLY – SYMPOSIUM 25<sup>TH</sup> – 27<sup>TH</sup> JUNE 2006

PLEASE FILL IN REGISTRATION FORM FOR MEMBERS / BULLETIN D'INSCRIPTION POUR MEMBRES

Please fill in 1 registration form for each delegate and send to fax number +351 21 3400759 **by 13<sup>th</sup> May 2006**

Veillez remplir 1 bulletin d'inscription par délégué et envoyer au numéro de fax +351 21 3400759  
**au plus tard le 13 mai 2006**

Surname, first name of delegate / Nom, prénom du délégué: \_\_\_\_\_

\_\_\_\_\_

Organisation: \_\_\_\_\_

\_\_\_\_\_

Function / Fonction: \_\_\_\_\_

Address / Adresse: \_\_\_\_\_

City, postal code & country / Ville, code postal & pays: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Surname, first name of accompanying person (if appropriate) / Nom, prénom de la personne qui accompagne (si approprié):

\_\_\_\_\_

Signature: \_\_\_\_\_

### REGISTRATION FEE / FRAIS DE PARTICIPATION:

For participants / Pour les participants: 550.00€

For accompanying persons / Pour les personnes qui accompagnent: 250.00€

VAT / TVA No: Name of the Organization / Nom de l'Organisation: \_\_\_\_\_

\_\_\_\_\_

Transfer to: BANCO COMERCIAL PORTUGUES, SA  
Account number (IBAN): PT50 0033 0000 4530 8093 3630 5  
SWIFT CODE : BCOMPTPL  
Reference: PGEU



Pharmaceutical Group  
of the European Union

Groupement Pharmaceutique  
de l'Union Européenne



Associação Nacional das Farmácias

National Association  
of Pharmacies

Associação Nacional  
des Pharmacies



ORDEM DOS FARMACÊUTICOS

Pharmaceutical Society

L'Ordre des Pharmaciens

## PGEU GENERAL ASSEMBLY – SYMPOSIUM 25<sup>TH</sup> – 27<sup>TH</sup> JUNE 2006

### EVENTS REGISTRATIONS FORM / BULLETIN D'INSCRIPTION POUR EVENEMENTS

MEMBERS / MEMBRES: \_\_\_\_\_

Surname, first name of delegate / *Nom, prénom du délégué*: \_\_\_\_\_

Surname, first name of accompanying person (if appropriate) / *Nom, prénom de la personne qui accompagne (si approprié)*: \_\_\_\_\_

I will participate in / <i>Je participerai au:</i>	Yes <i>Oui</i>	No <i>Non</i>	N. of persons <i>N. Personnes</i>
Social Programme, Sunday 25 June – Tour to Sintra and Lisbon (09:00 – 18:00) <i>Programme Social, Dimanche 25 juin – Tour à Sintra et Lisbonne (09:00 – 18:00)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Welcome Dinner, Sunday 25 June <i>Dîner de réception, Dimanche 25 juin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Annual Symposium, Monday 26 June <i>Symposium Annuel, Lundi 26 juin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Programme, Monday 26 June – Tour to Évora (07:30 – 17:30) <i>Programme Social, Lundi 26 juin – Tour à Évora (07:30 – 17:30)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gala Dinner, Monday 26 June <i>Dîner Gala, Lundi 26 juin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
General Assembly, Tuesday 27 June <i>Assemblée Générale, Mardi 27 juin</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Programme, Tuesday, 27 June – Tour to Cascais (09:30 – 13:00) <i>Programme Social, Mardi 27 juin – Tour à Cascais (09:30 – 13:00)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



## HOTEL RESERVATION FORM

### PGEU GENERAL ASSEMBLY SYMPOSIUM 25<sup>TH</sup> – 27<sup>TH</sup> JUNE 2006

For guaranteed reservations, you are kindly requested to fill in the present form and return it duly signed. In order to secure space, reservation forms should be sent to our reservations fax number: +351 21 3572916 or e-mail: [luisa.miranda@topatlantico.com](mailto:luisa.miranda@topatlantico.com) until **13<sup>th</sup> May 2006**

After the above date we cannot guarantee rooms for the PGEU meeting at the special negotiated rates. Room rates include services and current taxes (21%). American buffet breakfast is included.

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Company name: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Room type required:

Single Occupancy (180,00€)

Double Occupancy (200,00€)

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Total n. of nights: \_\_\_\_\_ Arrival time at the hotel: \_\_\_\_\_

#### Reservation Deposit (Equivalent to one night):

*I accept the charge of one night non-refundable deposit, as guarantee for my reservation. In case of cancellation after 25<sup>th</sup> May 2006 or no show, one night's fee will be charged.*

CREDIT CARD

Visa

Amex

MasterCard

Cardholder's name: \_\_\_\_\_

Card n.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Three last digits mentioned on the back of the card (Except Amex):

Amex: Cardholder's birth date: \_\_\_\_\_

**Or you may send a bank transfer of the amount of *one room night* to:**  
(Copy of bank transfer sent to fax number: +351 21 3572916 is also required)

TOP ATLANTICO

IBAN: PT50 000 700 230 020 377 000 462 – Swift Code: BESCPTPL

Bank name and address: Banco Espirito Santo - Av. da Liberdade

Billing address: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: .....

We thank you for your confidence and are looking forward to welcoming you in our country.