



M^s M. Dr Pr

First name :

Last name :

Function :

Speciality :

Establishment :

Address :

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ZipCode: City&Country:

Cell phone : Phone :

Fax :

E-mail :

PLEASE SEND BACK YOUR REGISTRATION FORM TO :
TECHNI MÉDIA SERVICES / S.F.E.R.H.E
BP 225 - 85602 MONTAIGU Cedex - FRANCE
Tél. : 33 (0)2 51 46 48 48 - Fax : 33 (0)2 51 46 48 50
E-mail : formation@technimediaservices.fr
payment to : S.F.E.R.H.E

How do you know about the congress ? :

- By the SFERHE Association
 By the Breizh PC Association
 Other (precise :)

Cocher les cases correspondantes

- Participation on Monday, May 13th 200 €
- Participation on Tuesday, May 14th 200 €
- Participation 2 days : 295 €

SFERHE and RESEAU BREIZH PC PROFESSIONNAL members :

- Participation on Monday, May 13th 160 €
- Participation on Tuesday, May 14th 160 €
- Participation 2 days : 236 €

• SFERHE dinner on Monday, the 13th at 8.00pm : 45 € x = €

Total : €

Choose between 2 workshops

- 1 : Constraint induced therapy
- 2 : Robotics for substitution of grasping
- 3 : Motion analysis
- 4 : Clinical cases

Invoice address : (if différent)

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Transfert payment at your expense.

Titulaire du compte : S.F.E.R.H.E. Domiciliation : CREDIT LYONNAIS REIMS ST THOMAS
73, avenue de Laon 51 100 REIMS

Relevé d'Identité Bancaire

RIB	Banque	Guichet	N° de compte	Clé
	30002	01079	0000098841A	12

Relevé d'Identité Bancaire International

IBAN	FR82	3000	2010	7900	0009	8841	A12
BIC	CRLYFRPP						