

EAWT JULY 7-8-9, 2011: BIOFILMS & HANDS-ON  
ROTHSCHILD HOSPITAL PARIS AND THE ELANCOURT EXCELLENCE CENTER

## DELEGATE REGISTRATION FORM

### Delegate Information

Please fill this form  
in UPPERCASE

Title:  Prof.  Dr.

Civility:  Mr.  Mrs.  Ms.

Family Name:

First name:

Speciality:

Company Name / Organization:

Address:

City:

Postal Code:

Country:

Telephone number:

Email:

### Participation

ONLY Biofilm day, July 7, €100

ONLY Hands-on, July 7-8-9, €595

### Payment

No credit card  
payments available

Check payable to (only french checks are accepted):  
Vulnus / Academy of Wound Technology

Bank transfer to: Vulnus / Academy of Wound Technology  
Bank details: BNP PARIBAS, Ivry sur Seine, France  
IBAN Number: FR76 3000 4008 3400 0102 4015 186  
BIC: BNPAFRPPIVR

Cash on-site

### Return this form

Please return this form by one of these ways:

@ office@awt.vulnus.org

+33 4 13 33 99 05

✉ Vulnus / Academy of Wound Technology  
10 rue de la Loge  
34000 Montpellier - FRANCE

Supported by



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Organized by

Academy of Wound Technology  
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**HARTMANN**

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