

## REGISTRATION FORM

Please fill the registration form and return it by usual mail:

Congress		
Participant	FF	
Student	FF	
Workshop		
Participant	FF	
Student	FF	
<b>TOTAL</b>	<b>FF</b>	

FIRST NAME : .....

LAST NAME : .....

MIDDLE INITIAL : .....

COMPANY/ORGANISATION : .....

POSTAL ADDRESS : .....

.....

CITY : .....

POSTAL CODE : .....

COUNTRY : .....

TEL : .....

FAX : .....

E-mail : .....

Please send me a touristic guide of Avignon, with a list of hotels and restaurants.



## PAYMENT OPTIONS

Bank check payable in French Francs only (no Euro) to INRA, or credit card.

Total payment: FF

Check  Card

Visa  
 Eurocard  
 Mastercard

Card. No.

.....

Expiry date:

Card name member:

Date:

Signature:

Please return this form (no fax please, the original signature is mandatory) to:

**GeoENV 2000**  
**Unite de Biometrie, INRA**  
**Domaine Saint Paul, Site Agroparc,**  
**84914 AVIGNON Cedex 9,**  
**France**