

## Order form

### Proceedings of the Cosmetic and Sensory congress

**Last Name** : .....  
**First Name** : .....  
**Company** : .....  
**Address** : .....  
**City** : ..... **ZIP code** : .....  
**Country**: .....  
**Phone**: +.....(country code).....  
**Fax** : .....  
**E-mail** : .....

**Number of French version copy**:.....x 89€ =.....before taxes  
**Nombre of English version copy**:.....x 89€ =.....before taxes

Total before taxes: .....€  
VAT 19.6% : .....€  
Total inc. taxes: .....€

**Payment by cheque**

To make payable to Messe Frankfurt France S.A.S. and to send to the following address:  
Messe Frankfurt France - 1 avenue de Flandre - F-75019 PARIS, France

**Payment by transfer**

Bank address: Crédit Coopératif – C.C. Pommier, 86 rue de Courcelles, F-75008 Paris, France  
IBAN: FR76 4255 9000 7221 0076 2460 527  
BIC: CCOPFRPPXXX

All banking charge must be borne by the applicant

Please make sure that the name of the person placing the order is shown clearly on the order for the bank transfer.

**Credit card**

Visa                       Mastercard                       American express

Last name/first name appearing on the card: .....

Card number: .....

Expiry date of the card: .....

Certification credit card security code : .....

*Thank you for indicating the 3 or 4 last figures written down at the back of the card.*

Your invoice as per your request will be sent to you as soon as your payment has been received.

I authorize Messe Frankfurt France to debit my credit card of an amount of EUR ....., relative to my registration to the Cosmetic and Sensory congress.

I accept the general terms and conditions of the Cosmetic and Sensory congress (see belovped page 5).

Date:

Place:

Signature preceded by the words  
"Read and approved"

Company stamp

For any question please contact Messe Frankfurt France, 1 avenue de Flandre, 75019, Paris, France  
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