



REGISTRATION FORM

Register online at www.uianet.org

Please complete and return this form by fax, post or e-mail, to:

UNION INTERNATIONALE DES AVOCATS - 25 rue du Jour - 75001 Paris - FRANCE
Tel: +33 1 44 88 55 66 - Fax: +33 1 44 88 55 77 - Email: uiacentre@uianet.org

UIA INDIVIDUAL MEMBERS

If you are a UIA member, please specify your membership number; otherwise, please complete below.

MI _____ (Please check your membership card or membership fees)

Family Name: First Name:
Firm / Organisation:
Address:
Post Code:..... City:
Country:
E-mail:
Tel:..... Fax:.....

A. SEMINAR REGISTRATION FEES

	€ (Euros)		Speakers fees
	Early Bird before 23/12/2011	Standard from 24/12/2011	
Full Course	599 €	644 €	478 €
Young Lawyers (under 35)*	511 €	555 €	406 €
Accompanying Person**	95 €	110 €	95 €
Monday to Wednesday	522 €	560 €	416 €
Young Lawyers (under 35)*	432 €	470 €	344 €
Accompanying Person**	95 €	110 €	95 €
Wednesday to Friday	444 €	472 €	344 €
Young Lawyers (under 35)*	344 €	382 €	262 €
Accompanying Person**	50 €	65 €	50 €

Registration fees include the participation to the seminar, seminar papers on CD Rom, morning breakfast, fruits, juice and coffee in the morning and refreshments in the evening, as well as an opening reception on February 26 (full course and Monday to Wednesday registrations only).

It is intended that the seminar sessions take place in the morning from 8:00 to 10:30, and in the evening from 5:30 to 8:00.

* Please attach proof of age to the registration form.
** Children under 18 are free of charge

B. METHOD OF PAYMENT

- By cheque in € payable to the UIA, addressed to: UIA - 25 rue du Jour - 75001 Paris - France
- By bank transfer without charges to the payee, payable to the Union Internationale des Avocats account and quoting your name and the reference "Whistler Winter Seminar"

In € (Euros)

Société Générale – 8, avenue du Président Wilson - 75116 Paris - France
Bank Code: 30003 Sort Code: 03170
Account N°: EUR n° 00050320729 - RIB: 06
Swift N°:SOGEFRPP
IBAN: FR76 3000 3031 7000 0503 2072 906

- By credit card: Visa Eurocard / Mastercard

Card n°: _____

Expiry date: ____ / ____ / ____ Name of card holder:

I authorise the Union Internationale des Avocats to debit the above mentioned credit card in the amount of € Date:/...../..... Signature:

C. CANCELLATION CONDITIONS

In case of cancellation received at the above address before December 26, 2011: 50% refund of the amount paid, minus € 50 (administrative costs). No refund thereafter.