

**REGISTRATION FORM  
EXECUTIVE NUCLEAR SEMINAR  
BURGUNDY, FRANCE**

**FILL IN THE FORM AND SEND IT BACK TO US:  
BY FAX +33 (0)3 85 42 36 91 OR BY EMAIL CONTACT@INUCLEAR-ACADEMY.COM**

*You will receive a confirmation by e-mail within 2 days to acknowledge your application.*



**SELECT YOUR SESSION - Please tick the box of the session you apply for**

- EXENUC05 FROM 19<sup>TH</sup> MARCH TO 21<sup>TH</sup> MARCH 2012, LE CREUSOT
- EXENUC06 FROM 21<sup>ST</sup> MAY TO 23<sup>RD</sup> MAY 2012, CHALON-SUR-SAONE
- EXENUC07 FROM 15<sup>TH</sup> OCTOBER TO 17<sup>TH</sup> OCTOBER 2012, LE CREUSOT
- EXENUC08 FROM 10<sup>TH</sup> DECEMBER TO 12<sup>TH</sup> DECEMBER 2012, CHALON-SUR-SAONE

**PARTICIPANT DETAILS**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mrs.  / Mr.

Job Title \_\_\_\_\_ E-mail \_\_\_\_\_

Direct Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**COMPANY DETAILS**

Company Name *Invoice title* \_\_\_\_\_

Company activities or key areas in nuclear \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Website \_\_\_\_\_

Signature *this contract is invalid without signature* \_\_\_\_\_

For French businesses, *Convention de Formation Professionnelle* to fill in:  YES or  NO

**TUITION FEES Please tick the box below**

Standard price/person	<input type="checkbox"/> EUR 1,500	
Above 2 delegates per company	<input type="checkbox"/> EUR 1,250	If so, please specify number of Delegates

**Fees details**

- This is inclusive of tuition fees (no VAT liable), Delegate Pack, Lunch and coffee break.
- On request: Special rates for accommodation + Special arrangements for transfer between railway station and the hotel.

**PAYMENT DETAILS**

**BY BANK TRANSFER** (*You will receive a payment notification after we get your confirmation of participation*)  
**PAYMENT ACCOUNT (EUR)**

Name: INTERNATIONAL NUCLEAR ACADEMY  
Owner address : Media Pole, 1 avenue de Verdun  
P.O. Box 60190, 71105 CHALON SUR SAONE Cedex  
France  
Bank: CAISSE D'EPARGNE

Address of bank : Rue de Belfort,  
71103 CHALON SUR SAONE Cedex France  
International Bank Account Number (IBAN):  
FR76 1213 5003 0008 8001 7202 269  
SWIFT No: BIC: C E P A F R P P 2 1 3

1. Please note the payment should be made in EURO.
2. Participants must bear bank charges and local taxes (if applicable). Fees must be NET of ALL charges.
3. Please pay by bank transfer within 5 working days after fax back this registration form. After receiving payment, a formal receipt will be issued and mailed to the participating company.
4. The cancellation deadline for any sessions is 10 working days before the training session registered starts. The registration fees will be refunded 30% only if a written request is received by close of business 10 working days before the event registered starts. No refund will be given thereafter. However, you are free to send another representative at any time before the training session.
5. Right after receiving your registration form, we will request further details to submit to local authorities and visited companies for security reasons. We are not liable whether your subscription is disagreed by a local authority or a company.