

**INTENSIVE COURSE IN DERMATO-COSMETIC SCIENCES  
BRUSSELS (BELGIUM), SEPTEMBER 13-17, 2010  
REGISTRATION FORM**

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This form should be returned by mail or fax **before 27 August 2010** to

Vrije Universiteit Brussel, Dept. Toxicology, c/o M. Pauwels  
Laarbeeklaan 103, B-1090 Brussels (Belgium)  
Phone : +32/2.477.45.94, Fax : +32/2.477.45.82  
email : Marleen.Pauwels@vub.ac.be    http ://dercoscourse.vub.ac.be

**Please type or write in capital letters :**

Mr.     Mrs.     Miss

Title :  Prof.  Dr.  Ir.  other : .....

Family Name : .....

First Name : .....

Company : .....

Purchase Order Nr. (if applicable) : .....

Department : .....

Street : .....

Postal code : ..... City : .....

Country : .....

Phone : .....

Fax : .....

Email : .....

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I register for the INTENSIVE COURSE for **1.725 €** .

The registration fee will be paid as soon as I receive the invoice from the financial department of the VUB.

**Date :** ..... **Signature :** .....

**INTENSIVE COURSE IN DERMATO-COSMETIC SCIENCES  
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HOTEL RESERVATION FORM**

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**Please arrange hotel accommodation for the following nights :**

Sunday 12 September

Monday 13 September

Tuesday 14 September

Wednesday 15 September

Thursday 16 September

Friday 17 September

Total number of nights : .....

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The payment must be done in the hotel by the participant and is not included in the course fee.

Name : .....

Company : .....

Date : .....

**Signature :** .....