REGISTRATION
2nd Workshop of Regenerative Medicine in Bordeaux
University of Bordeaux
Pey Berland Place, Bordeaux 33000
October 24-26, 2016

Surname: 
First name: 
Laboratory: 
Courriel: 

Master □
PhD □
Post Doc □

Communication
Oral □
Poster □

Title:
Authors:
Affiliations:

Lunch October 25 □
Lunch October 26 □
Gala dinner October, 25 (included in the Registration Fees) □

Visit of Wine City and wine testing □
October 25, 2016. 17:30-19h (10 euros) (Optional)

Registration must be sent to Reine Bareille (reine.bareille@inserm.fr) and Joelle Amédée (joelle.amedee@inserm.fr) by email (deadline on the Registration Fees).
Registration Fees

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October 24- 26, 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Early registration</th>
<th>Late registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master / Ph.D. / Post doc</td>
<td>50 €</td>
<td>70 €</td>
</tr>
<tr>
<td>Technicians, Engineers, Researchers, Clinicians.</td>
<td>100 €</td>
<td>120 €</td>
</tr>
<tr>
<td>Visit of the Wine City and Testing October 25, 2016 17:30-19:00 (Optional)</td>
<td>10 €</td>
<td>10 €</td>
</tr>
</tbody>
</table>

Registration must be sent to Reine Bareille (reine.bareille@inserm.fr) and Joelle Amédée (joelle.amedee@inserm.fr) by email.

Payment details: to Reine Bareille (reine.bareille@inserm.fr), Secretary of BIOMAT

Order bank: to BIOMAT
Code APE: 9412Z  N° SIRET: 339 491 888 00022
N° SIREN: 339 491 888
Compte: BNP PARISBAS – Agence: LE MANS CHASSE
BIC: BNPAFRPPMAN - IBAN: FR76 3000 4003 2000 0101 9244 870
Abstract Template

Abstract Title: Calibri, Bold, Font size 12, Centered

Authors: Calibri, Font size 12, Centered. Presenting author to be underlined.

Department/ Institute/Address, Centered
Calibri, Font size 10

Email: Calibri, Italic, Font size 8

Abstract

Calibri, Font size 10, Justified

Abstracts must be sent to Reine Bareille (reine.bareille@inserm.fr) and Joelle Amédée (joelle.amedee@inserm.fr) by email before September, 16, 2016.