## **Registration and Abstract submission**

## Abstract submission deadline: May 31, 2018

<sup>°</sup>The Workshop (September 12-14, 2018) will take place at Université Catholique de Louvain, Brussels, Belgium. Registration payment includes access to the Educational session and 7EWLM sessions Registration payment includes coffee breaks, lunch and wellcome reception during the Workshop. A supplement will be proposed to attend the Gala Diner. <sup>°</sup>Abstracts, oral communications, posters and slides will be in English. <sup>°</sup>The poster (vertical) size will be Format A0 (84,1 x 118,9 cm) / Format ARCH E (91,4 x 121,9 cm).

## Payment

By check or Bank transfer (see EWLM web site). On-line payment, will be available soon

 $\sim$ 

## **Registration form and Abstract submission**

The abstracts must be in English and will be published on-line (pdf format) on the EWLM web site.

On-line Registration: Please insert the following information in this form: Every field should be filled and your registration will be definitive when payment is received before the meeting.

Title:	$\bigcirc$ Pr $\bigcirc$ Dr $\bigcirc$ Mrs $\bigcirc$ Miss $\bigcirc$ Mr
Last Name:	
First Name:	
E-mail address:	
Phone Number:	
Mail Address:	
You are:	<ul> <li>Full price (300 euros)</li> <li>Reduced price Student / postdoc / technician (50 euros)</li> </ul>
You wish to participate:	$\bigcirc$ without a communication
You wish to participate with:	<ul> <li>an Oral Communication on September 12-14; indicate a prefered session:</li> <li>see website and choose a session</li> <li>a Poster</li> <li>Indifferent</li> <li>an Oral Communication in the Young session (travel award competition)</li> </ul>
You plan to attend the Educational session on Sept 12th:	○ Yes ○ No
Title of the Abstract in English:	

Authors of the Abstract (write in block letters who will present the	$\sim$
communication):	
Authors Address:	$\sim$
Abstract in English (350 words maximum, <u>write</u> <u>out the Greek</u> <u>symbol in full</u> , no figure, no table):	

This filled form should be sent to: Dr Xavier NOREL INSERM U1148, LVTS Bichat Hospital 46 rue Henri Huchard 75877 Paris Cedex 18 France

Your registration will be definitive when payment is received before the meeting.