**Registration form**

**French Club of Glial Cells**

**🗆 Academic**  40 €

**🗆 Student/Post-Doc** 20 €

**Name:**......................................... **First name**:.......................

**Email:** .......................... **Professional Address**:.......................

**Return the completed form with your payment to glialcellclub@gmail.com.**

**Please note that we accept for payment:**

* **Check drawn of a French Bank and made payable to “Club des Cellules Gliales”**
* **Institutional order forms (University, CNRS, Inserm…)**
* **Bank wire transfer.** Please note that all bank charges must be paid at source in addition to the registration fee.

**Account name: Club des Cellules Gliales**

**Bank: Société Générale**

**BIC: SOGEFRPP**

**IBAN: FR76 3000 3020 0900 0372 6026 837**