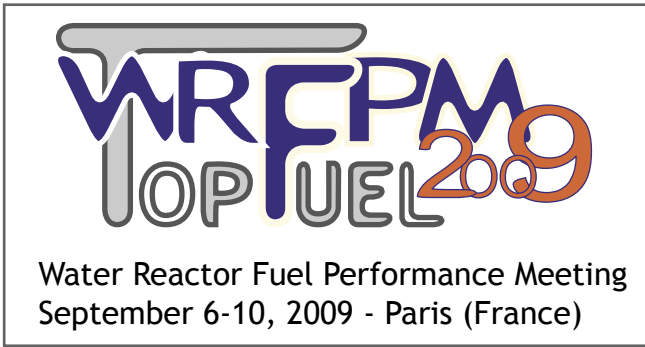


PROCEEDINGS ORDER FORM



Thank you to complete the following information and send this order form back to SFEN:
 Fax: +33 (0)1 53 58 32 11 - E-mail: sdelaplace@sfen.fr

Family Name _____ First Name _____

Company/Organization _____

Full Delivery Address _____

E-mail: _____ Tel _____

Address of invoicing if different from above

Purchase order Date: _____

| In Euros, VAT included | UNIT PRICE | QUANTITY | AMOUNT |
|---|------------|--------------|---------|
| CD ROM OF WRFPM /TOP FUEL 09 PROCEEDINGS | 80 € | ----- | ----- € |
| CD ROM GLOBAL 09 PROCEEDINGS | 100 € | ----- | ----- € |
| <u>SPECIAL OFFER</u> SET OF CD ROM OF WRFPM/ TOP FUEL 09 PROCEEDINGS & CD ROM OF GLOBAL 09 PROCEEDINGS | 130 € | ----- | ----- € |
| | | TOTAL AMOUNT | ----- € |

PAYMENT

Cheque Payable to SFEN

Wire Transfert IBAN FR76 3000 4015 9400 0210 0204 527

Credit Card Accepted cards: AMEX, VISA, EUROCARD, MASTER CARD

Card number _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ /

Expiry Date _ _ _ _ _

3 digits security code _ _ _

Card holder name _____

Total amount to be charged _____ €

Signature: _____