ICPP 3 • INDIVIDUAL REGISTRATION & HOTEL BOOKING FORM

April 12-14, 2007 • Hotel Royal Riviera • Saint-Jean Cap-Ferrat, French Riviera

REGISTRATION PROCEDURE:

- We strongly advise you to make a copy of this completed form (for your records) prior to mailing it.
- This form is for **ONE** registration only. For additional registrations, please photocopy this form or download it from our website **www.cipp-meeting.com** (click on **ICPP Announcement**)
- Please type or print in **block letters** the following information & send this form to:

ICPP Secretariat:
27, Rue Masséna • 06000 Nice, France Phone No: **+33 (0) 497 038 597**
E-mail: **cipp@cipp-meeting.com** Fax No: **+33 (0) 497 038 598**

PERSONAL DATA: ☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Last Name_____ First Name_____

Institute_____ Department_____

Address_____

City_____ Postal Code_____ Country_____

Phone_____/_____ Fax_____

E-mail Address_____

ACCOMPANYING PERSON: Last Name_____ First Name_____

REGISTRATION FEES: The registration fee entitles the registered participant to the following:

- Accommodation — **3 Nights** (April **11**, **12** & **13**, 2007) in a **single** room
- Catering — Welcoming cocktail + 3 Breakfasts + 3 Lunches + 3 Dinners + Coffee breaks
- Conferences: — 3 Days Course + Badge + Meeting bag containing ICPP educational material

(*) Registration for the accompanying person does not include attendance to the courses

PLEASE COMPLETE & TICK THE APPROPRIATE BOX:

• For your accommodation, **you need**:	☐ **Single** room **Hotel Royal Riviera ******	☐ **Double** room **** / *** Hotel**
• All Participant	☐ **1 700,00** Euros	☐ **1 350,00** Euros
• Accompanying Person (*)	☐ 700,00 Euros	☐ 550,00 Euros
• Additional Night	☐ 250,00 Euros x ___ night(s)	☐ 100,00 Euros x ___ night(s)
• 3 Day Course Only	☐ 900,00 Euros	

PAYMENT: **Total Amount** to be paid _____ **Euros**

☐ **CREDIT CARD:** ☐ Visa ☐ Eurocard/Mastercard ☐ American Express

Card No: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/ Expiry date____/____/ - ____/____/

I herewith authorize **Mediaxa** to debit this credit card account for the total amount due.

Cardholder's name: _____ **Cardholder's signature:** _____

☐ **BANK TRANSFER:** Please send this registration form along with a copy of the transfer order to the ICPP Secretariat (Fax No: **+33 497 038 598**)

Date _____/_____/_____ Paid by _____ Amount _____ Euros

Please do not forget to mention on the "transfer order" your: **Last Name / ICPP**

TO: MEDIAXA / ICPP 3 **BANK:** BNP PARIBAS - NICE - MASSENA / 5 BIS, PLACE MASSENA - 06000 NICE - FRANCE
IBAN No: FR 76 3000 4000 3800 0100 5068 185 • **SWIFT CODE:** B N P A F R P P N I C

Upon booking and payment, a receipt will be sent to you at the address mentioned on this form.

CANCELLATION & REFUND POLICIES:

Cancellation of registrations can be made up to Febuary 28, 2007 • Notification of cancellation must be sent in writing to the ICPP Secretariat.
The refund of registration, less a 25% administrative charge, will be made after the Congress • There will be no refund if the cancellation is made after Febuary 28, 2007.