



CIPP XI REGISTRATION FORM

Please fill out this form in **block letters** and return it to: CIPP XI Secretariat, 27 rue Masséna, 06000 Nice, France
Phone + 33 497 038 597 – **Fax** + 33 497 038 598 – **E-mail:** info-cipp@mediaxa.com

PERSONAL DATA

*Mandatory fields

THIS IS AN INDIVIDUAL FORM. EACH MEMBER OF GROUPS IS REQUESTED TO FILL IT OUT Dr Pr M Mrs Ms

*LAST NAME _____ MIDDLE INITIAL _____ *FIRST NAME _____
 *SPECIALTY _____ *ADDRESS _____
 *CITY _____ STATE _____ *ZIP CODE _____
 *COUNTRY _____ PHONE _____ CELLULAR PHONE _____
 FAX _____ *E-MAIL _____

A. REGISTRATION FEES

Deadline for early bird registration = **March 1, 2012**

ALL PARTICIPANTS Early bird 455 € (until March 1, 2012) Standard 545 € (March 1 to June 15, 2012) On-site 655 € (from June 15, 2012)
 STUDENTS Early bird 150 € (until March 1, 2012) Standard 180 € (March 1 to June 15, 2012) On-site 250 € (from June 15, 2012)
under 35 y/o (written proof requested)

ACCOMPANYING PERSONS Early bird 175 € (until March 1, 2012)
 (welcoming and farewell cocktail, half-day tour, and access to exhibition hall only) Standard 215 € (March 1 to June 15, 2012)
 On-site 300 € (from June 15, 2012)

TOTAL A=_____ €

B. OPTIONAL SESSION

Limited attendance: Please register ASAP / program on www.cipp-meeting.org/program_day.htm

SUNDAY, JULY 1

The Magic of Pediatrics (Bruce Rubin, USA) / Limited to 15 participants / 120 €
(magic kit, educational material and lunch included)

TOTAL B=_____ €

C. AWARD CEREMONY (SUNDAY, JULY 1)

90 € x _____ persons

TOTAL C=_____ €

D. ADDITIONAL TICKET FOR OPENING RECEPTION (SATURDAY JUNE 30)

30 € x _____ persons

TOTAL D=_____ €

PAYMENT

GRAND TOTAL (A+B+C+D)=_____ €

SWIFT TRANSFER: A copy of your bank transfer order mentioning your ID reference has to be sent by fax or e-mail to the CIPP secretariat, along with the registration form.

Beneficiary: Medi@xa BPCA - Agence Buffa – 8 rue de la Buffa - 06000 Nice, France

• SWIFT CODE: CCBPFRPPNCE • BANK CODE: 15607 • BRANCH CODE: 00012

• ACCOUNT #: 60221237564 • IBAN: FR76 1560 7000 1260 2212 3756 433

CREDIT CARD: We do not store any of your credit card numbers in our database.

Please, charge my VISA / MASTERCARD / EUROCARD/ AMEX of €

• CARD HOLDER'S NAME _____ • CARD HOLDER'S SIGNATURE _____

• CARD # _____ / _____ / _____ / _____ • EXPIRY DATE: YYYY _____ / MM _____

• CVV2 Code ____ / ____ / ____ (Last 3 digits numbers in the signature field on your credit card)

CANCELLATION POLICY

Cancellation of registration must be sent in writing to the CIPP XI Secretariat and can be made up to April 15, 2012. Cancellations received: • up to April 1st, 2012 full refund less 80 € handling fee / • between April 1st and April 15, 2012: 50% will be refunded / • after April 15, 2012: no refund will be made