

Please fill out this form in **block letters** and return it to:
CIPP XXI Secretariat - 3 avenue Ste Claire, l'Estoril A, 06100 Nice, France.
Tel + 33 (0) 497 038 597 – E-mail: cipp@cipp-meeting.com

IN-PERSON CONFERENCE REGISTRATION

PERSONAL INFORMATION

Dr Prof Mr Mrs Ms * Mandatory fields

*FAMILY NAME _____ *GIVEN NAME _____ *SPECIALITY _____

*ADDRESS _____

*CITY/STATE _____ *COUNTRY _____ *ZIP CODE _____

*PHONE _____ FAX _____ *E-MAIL _____

*ACCOMPANYING PERSON FAMILY NAME _____ *GIVEN NAME _____

A- REGISTRATION FEES

ALL PARTICIPANTS *

- Very Early Registration.....**425 € (until October 28th 2021)**
- Early Bird..... **555 € (until March 3rd 2022)**
- Standard..... **680 € (until June 9th 2022)**
- Late..... **805 € (until June 29th 2022)**

RESIDENT / FELLOW * (under 35 yo) written proof requested

- Very Early Registration..... **205 € (until October 28th 2021)**
- Early Bird..... **305 € (until March 3rd 2022)**
- Standard..... **405 € (until June 9th 2022)**
- Late..... **480 € (until June 29th 2022)**

ACCOMPANYING PERSON(S)

to the Welcome Ceremony (Keynote lecture and Cocktail)

..... X 45€ =

Total A... ..€

B- OPTIONAL SESSIONS:

Post-Graduate Course *Thursday, June 30th*

€ 170 (until March 3rd) _____ € 200 (until June 9th) _____ € 230 (until June 29th)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • Home Non-Invasive Ventilation
(Limited attendance: <u>30 pax</u>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clinical Radiology
(Limited attendance: <u>30 pax</u>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total B... ..€

C- GALA DINNER / AWARD CEREMONY: *Saturday July 2nd*

120 € xperson(s)

Total C€

PAYMENT

→ **SWIFT TRANSFER:** A copy of your bank transfer order has to be sent by e-mail to the CIPP XXI secretariat, along with the registration form.

- **Beneficiary:** Mediixa - Bank: BPMED - Agence Buffa – 8 rue de la Buffa - 06000 Nice, France
SWIFT CODE: CCBPFRPPMAR / BANK CODE: 14607 / BRANCH CODE: 00312
ACCOUNT #: 60221237564 / IBAN: FR76 1460 7003 1260 2212 3756 446

→ **CREDIT CARD** Please, charge my VISA MASTER CARD / EUROCARD Card # _____/_____/_____/_____/_____

- EXPIRY DATE: YYYY ____/____ MM ____ CV2 Code ____/____/____ (Last 3 digits numbers in the signature field on your credit card)
- CARD HOLDER'S NAME _____ • CARD HOLDER'S SIGNATURE _____

@ GRAND TOTAL (A+B+C)€

CANCELLATION POLICY

Cancellation of registrations, including group bookings, are non-refundable.