

REGISTRATION FORM

20th INTERNATIONAL CONGRESS ON PEDIATRIC PULMONOLOGY
Virtual Event

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

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

Early Bird..... **185 € (Oct. 30th 2020 - March 4th 2021)**

Standard.....**250 € (March 5th – June 9th 2021)**

Late**270 € (June 9th – June 27th 2021)**

WELCOME CEREMONY AND KEY NOTE LECTURE.....FREE

Total A€

B- OPTIONAL SESSIONS:

POST-GRADUATE COURSES *Thursday, June 24th*

- NIV and Home Ventilation in Children
- Clinical Radiology

	Early Bird	Standard	Late
	€ 100	€ 120	€ 150
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total B...€

PAYMENT

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

• **Beneficiary:** Mediaxa - 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: ____ / ____ CVV2 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.