

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 28<sup>th</sup> 2021)**

Early Bird..... **555 € (until March 3<sup>rd</sup> 2022)**

Standard..... **680 € (until June 9<sup>th</sup> 2022)**

Late..... **805 € (until June 29<sup>th</sup> 2022)**

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

Very Early Registration..... **205 € (until October 28<sup>th</sup> 2021)**

Early Bird..... **305 € (until March 3<sup>rd</sup> 2022)**

Standard..... **405 € (until June 9<sup>th</sup> 2022)**

Late..... **480 € (until June 29<sup>th</sup> 2022)**

#### ACCOMPANYING PERSON(S)

to the Welcome Ceremony (Keynote lecture and Cocktail)

..... X 45€ = .....

**Total A... ..€**

### B- OPTIONAL SESSIONS:

#### Post-Graduate Course *Thursday, June 30<sup>th</sup>*

- Home Non-Invasive Ventilation (*Limited attendance: 30 pax*)
- Clinical Radiology (*Limited attendance: 30 pax*)

**130 € (until June 9<sup>th</sup> 2022)** \_\_\_\_\_ **€ 195 (until June 29<sup>th</sup>, 2022)**

**Total B... ..€**

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

120 € x .....person(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.