

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

PERSONAL INFORMATION

Dr Prof Mr Mrs Ms * Mandatory fields

*FAMILY NAME _____ *GIVEN NAME _____ *SPECIALITY _____

*ADDRESS _____

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

*PHONE _____ FAX _____ *E-MAIL _____

A- REGISTRATION FEES

ALL PARTICIPANTS

Very Early Bird.....	195 € (until Oct. 28th 2021)	<input type="checkbox"/>
Early Bird.....	225 € (until March 3rd 2022)	<input type="checkbox"/>
Standard.....	275 € (until June 9th 2022)	<input type="checkbox"/>
Late	300 € (from June 10th 2022)	<input type="checkbox"/>
WELCOME CEREMONY AND KEYNOTE LECTURE.....		FREE <input type="checkbox"/>

Total A€

B- OPTIONAL SESSIONS:

POST-GRADUATE COURSES *Thursday, June 30th*

	Early / Very Early Bird	Standard / Late
	€ 110	€ 130
• NIV and Home Ventilation in Children	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical Radiology	<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.