

Please fill out this form in **block letters** and return it to:
 CIPP XIX 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

- Very Early Registration.....**495 € (until October 29th 2019)**
- Early Bird.....**635 € (Oct. 30th 2019 - March 4th 2020)**
- Standard.....**760 € (March 5th – June 9th 2020)**
- Late.....**880 € (June 10th – June 24th 2020)**
- On-site**930 € (from June 25th 2020)**

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

- Very Early Registration.....**295 € (until October 29th 2019)**
- Early Bird.....**395 € (Oct. 30th 2019 - March 4th 2020)**
- Standard.....**495 € (March 5th – June 9th 2020)**
- Late.....**570 € (June 10th – June 24th 2020)**
- On-site**620 € (from June 25th 2020)**

WELCOME CEREMONY AND COCKTAIL (Additional fees for accompanying person)

- Very Early Registration..... **30 € (until October 29th 2019)**
- Early Bird..... **35 € (Oct. 30th 2019 - March 4th 2020)**
- Standard..... **45 € (March 5th – June 9th 2020)**
- Late..... **50 € (June 10th – June 24th 2020)**
- On-site **60 € (from June 25th 2020)**

NURSE - PHYSIOTHERAPIST - DIETICIAN *professional card copy requested*

- Very Early Registration..... #) **€ (until October 29th 2019)**
- Early Bird..... **205 € (Oct. 30th 2019 - March 4th 2020)**
- Standard..... **265 € (March 5th – June 9th 2020)**
- Late..... **315 € (June 10th – June 24th 2020)**
- On-site **620 € (from June 25th 2020)**

Total A€

B- OPTIONAL SESSIONS:

	until June 9 th , 2020	June 10 th -24 th , 2020	On-site
Post-Graduate Course <i>Thursday, June 25th</i>	€ 250	€ 300	€ 350
• NIV and Home Ventilation in Children (<i>Limited attendance: 30 pax</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical Radiology (<i>Limited attendance: 30 pax</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bronchoscopy (<i>Limited attendance: 30 pax</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop "Pediatric is Magical" <i>Sunday, June 28th</i>	€ 130	€ 150	€ 170
Magic kit, educational material and lunch included (<i>Limited attendance: 15 pax</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop "How to get published" <i>Sunday, June 28th</i>	FREE		
Mandatory pre-registration (<i>Limited attendance: 30 pax</i>)	<input type="checkbox"/>		
		Total B.....€	

C- GALA DINNER / AWARD CEREMONY: Saturday, June 27th

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 XIX 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: ____ / ____ 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 registration must be sent in writing to the CIPP XVIII Secretariat and can be made up to April 15, 2020

Cancellations received: * up to April 1st, 2020 full refund less 80€ handling fee * between April 1st and April 20th, 2020 50% will be refunded * after April 15th, 2020: no refund will be made.