

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

- Very Early Registration.....**525 € (until October 29th 2020)**
- Early Bird.....**695 € (Oct. 30th 2020 - March 4th 2021)**
- Standard.....**830 € (March 5th – June 9th 2021)**
- Late.....**910 € (June 10th – June 24th 2021)**
- On-site**995 € (from June 25th 2021)**

RESIDENT / FELLOW (under 35 yo) written proof requested

- Very Early Registration.....**350 € (until October 29th 2020)**
- Early Bird.....**465 € (Oct. 30th 2020 - March 4th 2021)**
- Standard.....**590 € (March 5th – June 9th 2021)**
- Late.....**680 € (June 10th – June 24th 2021)**
- On-site**750 € (from June 25th 2021)**

WELCOME CEREMONY AND COCKTAIL (Additional fees for accompanying person)

- Very Early Registration..... **45 € (until October 29th 2020)**
- Early Bird..... **50 € (Oct. 30th 2020 - March 4th 2021)**
- Standard..... **60 € (March 5th – June 9th 2021)**
- Late..... **70 € (June 10th – June 24th 2021)**
- On-site **80 € (from June 25th 2021)**

Total A€

B- OPTIONAL SESSIONS:

	until June 9 th , 2021	June 10 th -23 rd , 2021	On-site
Post-Graduate Course <i>Thursday, June 24th</i>	€ 290	€ 350	€ 395
• 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 "How to get published" <i>Sunday, June 27th</i>	FREE		
Mandatory pre-registration (<i>Limited attendance: 30 pax</i>)	<input type="checkbox"/>		

Total B...€

C- GALA DINNER / AWARD CEREMONY: Saturday, June 26th

140 € xperson(s)

Total C€

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:** 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 CIPPXX Secretariat and can be made up to April 15, 2021

Cancellations received: * up to April 1st, 2021 full refund less 80€ handling fee * between April 1st and April 20th, 2021 50% will be refunded * after April 15th, 2021: no refund will be made.