INDIVIDUAL REGISTRATION & HOTEL BOOKING FORM

REGISTRATION PROCEDURE:

• This form is for ONE registration only. For additional registrations, please photocopy this form or download it from our website www.icpp-thecourse.org
• Please type or print in block letters the following information & send this form to:
MEDIAXA/ICPP Secretariat: 3 avenue Ste Claire • l'Estoril A. 06100 Nice • France • Tel +33 (0) 497 038 597 • Email: info@icpp-thecourse.org

PERSONAL DATA:

☐ Dr ☐ Mr ☐ Mrs ☐ Ms

Last Name ..... First Name ..... Specialty .....
Institute ..... Department .....
Address .....
City ..... Postal Code ..... Country .....
Phone ..... Fax ..... Email .....
Accompanying Person (*) / Last Name ..... First Name .....

REGISTRATION FEES:

The registration fee entitles the participant to the following:

PACKAGE 1 ☐ 975,00 €

- Conferences: **3 Days Course** - Badge - Meeting bag containing ICPP educational material
- Catering: 3 Lunches + 4 Coffee breaks

PACKAGE 2 ☐ 1750,00 €

- Conferences: **3 Days Course** - Badge - Meeting bag containing ICPP educational material
- Accommodation: **3 Nights** (April 11-12-13, 2019) in a **single** room (Including breakfast) at the **Hotel Mercure Bordeaux Cite Mondiale**
- Catering: **3 Lunches** (April 12-13-14, 2019) + **3 Dinners** (April 11-12-13) + 4 Coffee breaks
- Leisure: Saturday April 13th - Afternoon: sightseeing Tour
  - Evening: dinner in a typical restaurant
- Accompanying Person(*): ☐ 400 € x ..... person(s) (*) Registration for the accompanying person does not include attendance to the Course

Please complete & tick the appropriate box:

For your accommodation, you need ☐ Single room ☐ Double room (only in case of accompanying person paying 400.00 €)
☐ Additional night(s) 120 € x ..... night(s)
☐ Additional bed 30 € x ..... night(s) (only in case of double room)

WORKSHOP "Pediatrics is Magic" on Friday, April 12th ..... ☐ 130€ (magic kit + lunch included)

PAYMENT:

Total amount to be paid: ..... **€**

- **Credit Card:** Please charge my ☐ Visa ☐ Eurocard/Mastercard for the total amount due

  Card # ..... / ..... / ..... / ..... Expiry date : ..... / ..... CVV2 Code ..... Last 3 digits at the back of your card
  Cardholder's name: ..... Cardholder's signature: .....

- **Bank transfer:** Please send this registration form along with a copy of the transfer order to the ICPP Secretariat (info@icpp-thecourse.org)

  Date ..... / ..... / ..... Paid by : .....

  TO: MEDIAXA/ICPP15 • **BANK:** BPMED - AGENCE DE LA BUFFA - 06000 NICE - FRANCE
  • **SWIFT CODE:** CCBPFRPPMAR • **BANK CODE: 14607** • **BRANCH CODE:** 00312 • **IBAN #: FR76 1460 7003 1260 2212 3756 446**
  • **ACCOUNT No:** 60219838248

(Please **do not forget** to mention on the "transfer order": **Last Name / ICPP15)**
Upon booking and payment, a receipt will be sent to you at the address mentioned on this form.

Cancellation & Refund Policy:
Cancellation of registration can be made up to December 31, 2018 (full refund less 25% handling fee) • Notification of cancellation must be sent in writing to the ICPP Secretariat.
There will be no refund if the cancellation is made after January 1, 2019