

ICPP16

16th INTERNATIONAL COURSE
ON PEDIATRIC PULMONOLOGY

HILTON HANOI OPERA
1 Le Thanh Tong Street, Hoan Kiem District,
Hanoi, Vietnam, 10000
www.hanoi.hilton.com

HANOI, Vietnam - March, 27-29, 2020

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 - ICPP educational material
- Catering: 3 Lunches + 4 Coffee breaks

PACKAGE 2 1750,00 €

- Conferences: **3 Days Course** - Badge - ICPP educational material
- Accommodation: **3 Nights** (March 26-27-28, 2020) in a **single** room (Including breakfast) at the **Hilton Hanoi Opera**
- Catering: **3 Lunches** (March 27-28-29, 2020) + **3 Dinners** (March 26-27-28, 2020) + 4 Coffee breaks
- Leisure: Saturday March 28th afternoon: Sightseeing Tour and 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) 160 € x night(s)
- Additional bed 30 € x night(s) (only in case of double room)

PAYMENT:

Total amount to be paid: €

- **Credit Card:** Please charge my Visa Eurocard/Mastercard for the total amount due
Card # / / / Expiry date : / CW2 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 : Amount €
TO: MEDIAXA/ICPP16 • 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 / ICPP16**)

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, 2019 (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, 2020