INDIVIDUAL REGISTRATION & HOTEL BOOKING FORM

ICPP - International Course on Pediatric Pulmonology

March 10 - 12, 2005

LIMITED ATTENDANCE

Odyssée Resort - Zarzis - Tunisia

Registration Procedure:

■ We strongly advise you to make a copy of this completed form (for your records) prior to mailing it ■ This form is for one registration only
■ For additional registrations, please photocopy this form or download it from www.cipp-meeting.com (click on **ICPP Announcement**)
■ Please type or print in block letters the following information & send this form to:
ICPP Seccretariat: 27, rue Masséna - 06000 Nice - France - Phone # +33 (0) 497 038 597 Fax # +33 (0) 497 038 598 - sabine-mediaxa@wanadoo.fr

PERSONAL DATA ■ Dr ■ Mr ■ Mrs ■ Ms

Last Name ..... First Name .....

Institute..... Department.....

Address .....

.....

City .....Postal Code .....Country .....

Telephone..... / ..... Fax.....

E-mail Address.....

Accompanying Person / Last Name .....First Name .....

REGISTRATION FEES

The registration fee entitles the registered participant to the following:

■ **Transfer:** Shuttles / Airport <–> Congress center - Arrival day: March 9, 2005 / Departure day: March 12, 2005
■ **Accommodation:** 3 Nights (March 9, 10 & 11, 2005) in a Single Room (Odyssée Resort - Zarzis - Tunisia)
■ **Catering:** Welcoming cocktail + 3 Breakfasts + 3 Lunches + 3 Dinners + 6 Coffee breaks
■ **Conferences:** 3 Days Courses - Industrial exhibition - Badge - Meeting bag containing ICPP material
■ **Sport & Leisures:** Private beach, Tennis, Thalasso center, Hammam, Fitness…

Please complete & tick the appropriate box:
- For Shuttle Schedule: Arrival Hour: March 9, 2005 at ..... Departure Hour: March 12, 2005 at .....
- For Accommodation: You need: ☐ Single room ☐ Double room

Please note that the package **only** includes **3 nights**, if you wish to stay an extra night (*) this will be at your charge.

☐ Wednesday 3/9/05 *(Only Dinner & Night)* ☐ Thursday 3/10/05 *(B&B + Lunch + Dinner)* ☐ Friday 3/11/05 *(B&B + Lunch + Dinner)* ☐ Saturday 3/12/05 (*additional night**) *(Only Breakfast & Lunch)*

	Before 12/31/2004	**After 01/01/2005**	**On site** (payment by cash accepted)
☐ All Participant	☐ 1 000,00 Euros	☐ 1 100,00 Euros	☐ 1 150,00 Euros
☐ Accompanying Person	☐ 800,00 Euros	☐ 850,00 Euros	☐ 900,00 Euros
☐ Additional Night (*)	☐ 130,00 Euros	☐ 130,00 Euros	
	Total ..... Euros or	Total ..... Euros or	Total ..... Euros

PAYMENT ***Total Amount to be paid*** _____ ***Euros***

CREDIT CARD (not accepted on site)

☐ Visa ☐ Eurocard/Mastercard ☐ American Express Card # |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

Expiry date |__|__| |__|__|

I herewith authorize Medi@xa to debit this credit card account for the total amount due.
I also consent to Medi@xa debiting or crediting my credit card account with the amount of any subsequent change(s) to the items booked.

Cardholder's name:..... Cardholder's signature:.....

BANK TRANSFER

Whenever using bank transfer, a copy of the transfer document has to be sent to the ICPP Secretariat together with the registration form.

Date |__|__| |__|__| |__|__| Paid by..... Amount.....Euros

Please do not forget to mention on the "transfer order" your: **Last Name / ICPP**

TO	MEDIAXA / ICPP		
BANK	BNP Paribas - Nice-Masséna	/	5 bis, Place Masséna - 06000 Nice - France
IBAN	International Bank Account Number	/	FR 76 3000 4000 3800 0100 5068 185
BIC	Swift Code	/	BNPAFRPPNIC

Upon booking and payment, a receipt will be sent to you at the address mentioned on this form.

Cancellation & Refund Policies:

Cancellation of registrations can be made up to December 31, 2004 - Notification of cancellation must be sent in writing to the ICPP Secretariat
The refund of registration, less a 25% administrative charge, will be made after the Congress - There will be no refund if the cancellation is made after December 31, 2004.