



REGISTRATION FORM



Please fill out this form in block letters and return it to:
Anne F. Bidart, MD - CIPP 8 Secretariat - 27 rue Masséna - 06000 Nice, France
Phone + 33 (0) 497 038 597 - Fax + 33 (0) 497 038 598 - E-mail: cipp@cipp-meeting.com

PERSONAL DATA THIS IS AN INDIVIDUAL FORM. EACH MEMBER OF GROUPS IS REQUESTED TO FILL IT OUT

Dr Pr M Mrs Ms

* Mandatory fields

*LAST NAME _____ MIDDLE INITIAL _____ *FIRST NAME _____ *SPECIALTY _____

*ADDRESS _____

*CITY _____ STATE _____ *ZIP CODE _____ *COUNTRY _____

PHONE _____ CELLULAR PHONE _____ FAX _____ *E-MAIL _____

ACCOMPANYING PERSON(S) M Mrs Ms

*LAST NAME _____ MIDDLE INITIAL _____ *FIRST NAME _____ DATE OF BIRTH _____

*LAST NAME _____ MIDDLE INITIAL _____ *FIRST NAME _____ DATE OF BIRTH _____

A. REGISTRATION FEES **Deadline for early bird registration = January 2, 2008** **TOTAL A.....€**

ALL PARTICIPANTS = Before deadline 538 € / After 645 € RESIDENTS, FELLOWS, PARAMEDICS = Before deadline 191 € / After 239 € ACCOMPANYING PERSONS = before deadline 110 € / After 135 €

B. OPTIONAL SESSIONS → MEET THE EXPERT:

LIMITED ATTENDANCE: PLEASE REGISTER AS EARLY AS POSSIBLE / DETAILED PROGRAM ON THE WEBSITE: <www.cipp-meeting.com/program_day.htm> **TOTAL B.....€**

SATURDAY MARCH 29 SUNDAY, MARCH 30 MONDAY, MARCH 31
The Magic of Pediatrics (Bruce Rubin, USA) / Limited to 15 participants / 120 euros (lunch included)

SATURDAY MARCH 29 SUNDAY, MARCH 30 MONDAY, MARCH 31
Meet the Expert / Limited to 15 participants / 50 euros (lunch included)

C. AWARD CEREMONY (SUNDAY, MARCH 30) 60 € xpersons **TOTAL C.....€**

D. SIGHTSEEING TOURS (PLEASE REFER TO THE WEBSITE FOR DETAILS **[#1] 130 € xperson(s)** **[#2] 160 € xperson(s)** **TOTAL D.....€**
[#3] 130 € xperson(s) **[#4] 55 € xperson(s)** **[#5] 70 € xperson(s)** **[#6] 54 € xperson(s)** **[#7] 453 € xperson(s)** **TOTAL D.....€**

PAYMENT **TOTAL (A+B+C+D).....€**

→ CHECK **only in Euros** payable to **Medi@xa / CIPP 8**

→ SWIFT TRANSFER: **A copy of your bank transfer order mentioning your ID reference has to be sent by fax or e-mail to the CIPP secretariat, along with the registration form.**

Beneficiary: **Medi@xa** • BPCA - Agence Buffa - 8 rue de la Buffa - 06000 Nice, France

SWIFT CODE: CGBRPPNCE • BANK CODE: 15607 / BRANCH CODE: 00012 / ACCOUNT #: 60221237564 • IBAN: FR76 1560 7000 1260 2212 3756 433

→ CREDIT CARD Please, charge my VISA MASTER CARD / EUROCARD of the amount for the amount of _____ € CARD # _____ / _____ • EXPIRY DATE: ____/____/____

CWV2 Code ____/____/____ (last 3 digits numbers in the signature field on your credit card) • CARD HOLDERS NAME _____ • CARD HOLDERS SIGNATURE _____

CANCELLATION POLICY Cancellation of registration must be sent in writing to the CIPP VIII Secretariat and can be made up to January 15, 2008. The refund of registration less a 25% administrative charge, will be made after the congress.

For cancellations made after January 15, 2008 there will be no refund.