

REGISTRATION & HOUSING FORM

Pre-registration before December 1st, 2021

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THE 24TH INTERNATIONAL EXPERTS SYMPOSIUM
CRITICAL ISSUES
 IN AORTIC ENDOGRAFTING

DECEMBER 17 & 18 2021

PARTICIPANT INFORMATION

Title: Prof Dr Mr Ms
 Last Name
 First Name
 Institution / Company
 Address
 Post Code City
 Country
 Phone Fax
 Mobile
 Email (mandatory).....

Sponsored by
 Contact
 Address
 Post Code City
 Country
 Phone
 Fax
 Mobile
 Email

SPECIALITY

- Vascular surgeon Cardiac surgeon Thoracic surgeon Radiologist
 Cardiologist Industry professional Vascular technician & nurse Other
 Resident & fellow

INDIVIDUAL REGISTRATION FEES (VAT 20%)

	Before October 04	After & onsite
<input type="checkbox"/> Physicians	390 €	465 €
<input type="checkbox"/> Residents, fellows, nurses & technicians (a confirmation letter will be asked)	260 € 390 €	310 € 465 €
<input type="checkbox"/> Industrialists (sponsor)	1500 €	1700 €
<input type="checkbox"/> Non-sponsor industrialists		

For group reservation at preferential rates, contact Charlotte Martin: cmartin@divine-id.com
 Group cancellation policy, available on the website, supersedes general cancellation policy. Group reservation applies to more than one participant.

SOCIAL EVENT (10% VAT included)

Official Dinner December 17, 2021
 70 € per participant

HOTEL ACCOMMODATION (Prices include breakfast and 10% VAT)

	Single	Double
<input type="checkbox"/> Pullman Paris Bercy 1, rue de Libourne, 75012 Paris	255 €	284 €

Booking Details

One night deposit is needed to confirm any hotel booking. The whole stay has to be paid before November 29 to avoid cancellation of reservation.

Arrival date Departure date Room type Single Double Twin
 Nb. of nights Rate per night €

NB: City tax is payable directly on site to hotels.
 Refund of fee: a 10% administrative charge will be applied to cancellations up to D-30. After D-30 no refund will be given. No-shows at the hotel/congress will be charged the full fee. The whole package stay has to be paid before D-30 to avoid cancellation of reservation. NB: This cancellation policy is not applicable for Goup/Sponsor reservations (please contact Caroline Lefrançois : clefrancois@divine-id.com).

TOTAL DUE Registration€ + Hotel 1 night deposit whole stay € = €

Payment by

- Credit Card** Visa Mastercard (no other card)
 Credit Card Number security code*
 Expiration date Cardholder's Signature**
 Cardholder's Name

- Check enclosed** Please make check in Euros payable in France to **divine [id]**

- Bank Transfer** Beneficiary SARL **divine [id]**
 Bank Cr dit Agricole
 IBAN FR76 1130 6000 9348 1141 8671 957
 BIC AGRIFRPP813

* 3 last numbers on the back of the card

** Your signature authorizes your credit card to be charged for the total payment due. We reserve the right to charge the correct amount if different from the total listed.



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