

15-16 OCT. 2025

Pasteur Clinic Toulouse, France



REGISTRATION & HOUSING FORM

To be returned before September 11, 2025 to Opnetie Nivard
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Mail: onivard@divine-id.com

Courrier: divine id 17 rue Venture 13001 marseille

En ligne: https://www.event.divine-id.com/fr/rhythm-workshop-2025

Participant Information				
Title: Prof Dr Mr M	S			
Last Name				
First Name				
Institution / Company				
Adresse				
Post Code	. City			
Country				
Phone				
Email (obligatoire)				
Date of birth	. RPPS number			
Speciality				
☐ Cardiologist ☐ Rhythmologist	□ Vascular technician or nurse□ Anaesthesiologist	☐ Industry professional☐ Resident or fellow	☐ Other	
Individual Registration	Fees (10% VAT included)	Before July 11, 2025	After July 11, 2025	
Physician & Industry profession Resident / Fellow / Nurse*	al (sponsors only)	550€ 300€	650€ 400€	
* Status needs to be attested and proven. Group can	cellation policy, available on the website, supersedes genera	l cancellation policy. Group reservation applies to m	nore than one participant.	
	be covered by an industry subventiculation (1 night) Transport (500€ Ma			
A deposit must be paid to valid Deposit : 300€ This deposit will be refunded a	late the coverage request. fter the congress, except in case of n	o show.		
Social event (10% VAT included	d)			
Conference dinner : October 19 Venue: Ma Biche sur le toit ☐ 70 € per participant	5, 2025 8pm - Standing dinner			
Hotel accommodation (p	orices include breakfast and 10% vat)	Single		
Hôtel Palladia****		166€		
Novotel Toulouse Purpan****		171€		
Grand Hôtel de l'Opéra**** 185€				
Arrival date Departure da	ate LILL			

NB: City tax is payable directly on site to hotels.

Cancellation & refunds: divine [id] must be notified of any cancellations in writing. Cancellation before D-31: refund less 10% (administrative charge). Cancellation from D-30: no refund will be given. Name changes are requested D-20 before the congress. D-20, no name changes will be accepted. No-Shows at the congress will be charged the full fee. Refunds will be processed after the congress.



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Pasteur Clinic Toulouse, France



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	ur trip to be et. If your tic	managed by Divine ID, we will contact you within 15 days to book a ket needs to be modified after booking, any additional cost will be	
		Arrival city	
		Arrival date	
·		Train 🗖 Car (subject to approval)	
Date of birth			
☐ I will arrange my ov The maximum reim	•	and will send proof to Divine ID before 04/08/2025 mount is €500.	
☐ I do not wish to req	uest transpo	rt coverage.	
Total due		Registration + accomm	nodation€
Payment by			
☐ Credit Card ☐ Visa ☐	Mastercard	(no other card)	
Credit Card Number		security code*	
Expiration date		Cardholder's Name	Date & signature**
☐ Check enclosed Pleas	se make chec	k in Euro payable in France to divine [id]	
	Beneficiary Bank IBAN BIC	SARL divine [id] CRÉDIT AGRICOLE FR76 1130 6000 9348 1141 8671 957 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.