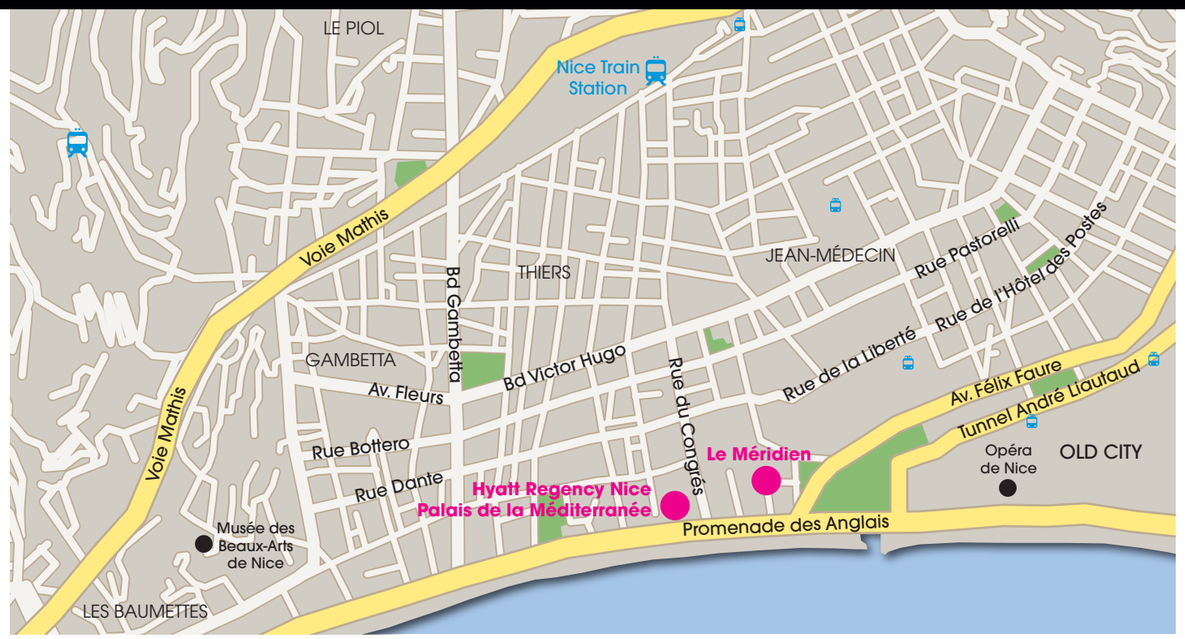
Information

RHYTHM 2019 Registration & Housing form

REGISTER ONLINE: www.rhythmcongress.com / Pre-registration before April 16, 2019



Congress venue: Hyatt Regency Nice Palais de la Méditerranée
13, promenade des Anglais - 06 000 Nice

Official languages: English (Medical congress)
French (Paramedical session).

Congress target audience: General physicians, interventional and general cardiologists, pacing and heart failure specialists, electro physiologists, radiologists, echocardiographists with a private or hospital practice as well as engineers and industrialists.

French paramedical session target audience: Technicians, nurses, clinical research specialists. **Session in French.**

Registration fees: Registration form to be completed and returned to divine [id]. Confirmed registration upon receipt of full payment. Deadline for early registration fees: February 15, 2019 with proof of payment. Final deadline for pre-registrations: April 16, 2019. Possibility to register onsite but the organizers recommend pre-booking. Registration fees include: access to all scientific medical sessions and exhibition hall, abstract book, coffee breaks and lunches. Nominative badge mandatory.

How to book a room: Privileged rates: return your form, indicating the hotel of your choice and include a second one. Any changes must be communicated in writing to divine [id]. Upon reception of the housing form, together with a deposit of one night accommodation, a booking confirmation letter will be sent to the delegate by e-mail only. No confirmation can be made if these conditions are not fulfilled. Prices quoted are per room, per night, VAT included, in Euros. City tax not included. Balance has to be paid to divine [id] one month before arrival.

SESSION PARAMÉDICALE

Langue officielle : Français seulement pour la journée paramédicale du vendredi 26 avril 2019.

Public session paramédicale : IDE, IBODE, IADE, MERM, technicien(ne)s, attaché(e)s de recherche clinique. Inscription pour le 26 avril 2019 possible dans le cadre de la Formation Continue.

Frais d'inscription : Formulaire d'inscription à compléter et à retourner à divine [id]. Confirmation d'inscription par email après réception du paiement complet. Date limite des inscriptions à tarif réduit : 15 février avec réception du paiement. Date limite des pré-inscriptions : 16 avril. Possibilité d'inscription sur le lieu du congrès - les organisateurs vous recommandent de vous pré-inscrire. Frais d'inscription incluant : accès aux conférences et au hall d'exposition, pauses café et déjeuner du vendredi. Badge nominatif obligatoire.

Comment réserver une chambre : Tarifs négociés : renvoyez votre bulletin, en indiquant l'hôtel de votre choix et en précisant un second. Tout changement doit être communiqué à divine [id] par écrit. Après réception du formulaire de réservation hôtelière et du versement d'une nuit d'acompte, un courrier de confirmation sera envoyé au participant par e-mail uniquement. La confirmation ne pourra se faire si ces conditions ne sont pas remplies. Prix indiqués par chambre, par nuit, TVA incluse, en Euros (€). Taxe de séjour non comprise. Solde dû à divine [id] un mois avant l'arrivée.

Please return to: divine [id] 17, rue Venture - 13001 Marseille - France
Tel: +33 (0) 491 57 19 66 - Fax: +33 (0) 491 57 19 61 - Email: claunoy@divine-id.com

PARTICIPANT INFORMATION

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

SPONSOR
Contact . . . . . .
Address . . . . . .
. . . . . .
Post Code . . . . . City . . . . . .
Country . . . . . .
Phone . . . . . .
Fax . . . . . .
Mobile . . . . . .
Email . . . . . .

EASIER! ATTACH YOUR BUSINESS CARD!

SPECIALITY

❑ Cardiologist ❑ Rhythmologist ❑ Vascular technician or nurse ❑ Anesthesiologist
❑ Industry professional ❑ Other . . . . . .

INDIVIDUAL REGISTRATION FEES (VAT 20% incl.)	Before February 15	From February 15 AND ONSITE
❑ Physician & Industry professional (sponsors only)	470 €	570 €
❑ Industry professional (non sponsor)	1 290 €	1 550 €
❑ Resident / Fellow / Nurse (full congress)	215 €	320 €
❑ Abstracts / poster presenter	215 €	215 €
❑ Session paramédicale 26 avril	165 €	235 €

OFFICIAL DINNER PARTICIPATION - Thursday April 25, 2019 (VAT 10% incl.)

❑ 60 € / person X . . . . . person(s)

HOTEL ACCOMMODATION (Prices include breakfast. City tax not included)	Single	Double/Twin	Choice (1: first / 2: second)
❑ HYATT REGENCY NICE Palais de la Méditerranée (Congress venue)	249 €	269 €	☐
❑ LE MÉRIDIEN	245 €	270 €	☐
❑ MERCURE NICE CENTRE GRIMALDI	165 €	184 €	☐
❑ BEST WESTERN PLUS HOTEL BRICE GARDEN NICE	145 €	155 €	☐

Booking Details
Arrival date ☐☐/☐☐ Departure date ☐☐/☐☐
Room type: ❑ Single ❑ Double ❑ Twin Nb. of nights ☐☐ Rate per night . . . . . €

Refund of fee: a 10% administrative charge will be applied to cancellations before March 23. Booking days cannot be modified. After March 23, no refund will be given (including cancellation of social events). Name changes are requested before April 16. After April 16 no name changes will be accepted. No-shows at the congress will be charged the full fee. Refunds will be processed until end of March 2019. One night deposit needed to confirm any hotel booking. The whole stay has to be paid before March 23 to avoid cancellation of reservation.

Registration . . . . . **€ + Official dinner** . . . . . **€ + Hotel** ❑ 1 night deposit ❑ whole stay . . . . . **€ =**
Total . . . . . **€**

PAYMENT BY

* 3 last numbers at 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.

❑ **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 Euro payable in France to **divine [id]**

❑ **Bank Transfer**

Beneficiary	SARL **divine [id]**
Bank	Banque Martin Maurel
IBAN	FR 76 1336 9000 0434 0207 0101 854
BIC	BMMMFR2A