

REGISTRATION & HOUSING FORM

Pre-registration before September 02, 2020

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THE 24TH INTERNATIONAL EXPERTS SYMPOSIUM

CRITICAL ISSUES

IN AORTIC ENDOGRAFTING

OCTOBER 16 & 17 2020

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 September 02

After September 02 & onsite

<input type="checkbox"/> Physicians or exhibitors	390 €	465 €
<input type="checkbox"/> Residents, fellows, nurses & technicians (a confirmation letter will be asked)	260 €	310 €
<input type="checkbox"/> Day Pass		299 €
<input type="checkbox"/> Official dinner participation	70 €	70 €

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

HOTEL ACCOMMODATION (Prices include breakfast and 10% VAT)

	Single	Double
<input type="checkbox"/> Pullman Paris Bercy 1, rue de Libourne, 75012 Paris	255 €	283 €

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.
Cancellation & refunds: divine [id] must be notified of any cancellations in writing. Cancellation before September 11, 2020: refund less 10% (administrative charge). Cancellation from September 12, 2020: no refund will be given.
Name changes are requested before October 08, 2020. After October 08, 2020, no name changes will be accepted. No-Shows at the congress will be charged the full fee. Refunds will be processed after the congress by the end of January 2021.

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

Payment by

* 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.

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 Banque Martin Maurel
IBAN FR 76 1336 9000 0434 0207 0101 854
BIC BMMMMR2A

