Registration

Pre-registration before April 1st, 2020

Claire Bernard I divine [id] SARL
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ONLINE REGISTRATION **www.espr2020.org**

ESPR
European Society of Paediatric Radiology

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 . . . . . .

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SPECIALITY

❑ Echographist
❑ Paediatricians
❑ Paediatric radiologists
❑ Resident & fellow
❑ Radiologist
❑ Industry professional
❑ Other

INDIVIDUAL REGISTRATION FEES (VAT 20%)

POST-GRADUATE COURSE

	Before April 1st	After April 1st	Onsite Fee	Daily Early Fee	Daily Late Fee
Member (ESPR / SFIPP)	❑ 299 €	❑ 350 €	❑ 400 €	200 € ❑ 01/06 ❑ 02/06	225 € ❑ 01/06 ❑ 02/06
Non-Member	❑ 370 €	❑ 420 €	❑ 470 €	235 € ❑ 01/06 ❑ 02/06	260 € ❑ 01/06 ❑ 02/06
Member reduced (under 35 / retired)	❑ 250 €	❑ 299 €	❑ 350 €	175 € ❑ 01/06 ❑ 02/06	200 € ❑ 01/06 ❑ 02/06
Non member reduced (under 35 / retired)	❑ 330 €	❑ 380 €	❑ 430 €	215 € ❑ 01/06 ❑ 02/06	240 € ❑ 01/06 ❑ 02/06
Nurse / Radiographer / Sonographer	❑ 299 €	❑ 350 €	❑ 400 €	200 € ❑ 01/06 ❑ 02/06	225 € ❑ 01/06 ❑ 02/06
Resident	❑ 180 €	❑ 220 €	❑ 240 €	140 € ❑ 01/06 ❑ 02/06	160 € ❑ 01/06 ❑ 02/06

ANNUAL MEETING

	Before April 1st	After April 1st	Onsite Fee	Daily Early Fee	Daily Late Fee
Member (ESPR / SFIPP)	❑ 400 €	❑ 450 €	❑ 500 €	183 € ❑ 03/06 ❑ 04/06 ❑ 05/06	200 € ❑ 03/06 ❑ 04/06 ❑ 05/06
Non-Member	❑ 470 €	❑ 520 €	❑ 570 €	207 € ❑ 03/06 ❑ 04/06 ❑ 05/06	223 € ❑ 03/06 ❑ 04/06 ❑ 05/06
Member reduced (under 35 / retired)	❑ 350 €	❑ 400 €	❑ 450 €	167 € ❑ 03/06 ❑ 04/06 ❑ 05/06	183 € ❑ 03/06 ❑ 04/06 ❑ 05/06
Non member reduced (under 35 / retired)	❑ 430 €	❑ 480 €	❑ 530 €	193 € ❑ 03/06 ❑ 04/06 ❑ 05/06	210 € ❑ 03/06 ❑ 04/06 ❑ 05/06
Nurse / Radiographer / Sonographer	❑ 400 €	❑ 450 €	❑ 500 €	183 € ❑ 03/06 ❑ 04/06 ❑ 05/06	200 € ❑ 03/06 ❑ 04/06 ❑ 05/06
Resident	❑ 220 €	❑ 280 €	❑ 320 €	123 € ❑ 03/06 ❑ 04/06 ❑ 05/06	143 € ❑ 03/06 ❑ 04/06 ❑ 05/06

COMBINED REGISTRATION

	Before April 1st	After April 1st	Onsite Fee
Member (ESPR / SFIPP)	❑ 600 €	❑ 700 €	❑ 750 €
Non-Member	❑ 720 €	❑ 820 €	❑ 850 €
Member reduced (under 35 / retired)	❑ 500 €	❑ 600 €	❑ 650 €
Non member reduced (under 35 / retired)	❑ 650 €	❑ 700 €	❑ 750 €
Nurse / Radiographer / Sonographer	❑ 500 €	❑ 550 €	❑ 600 €
Resident	❑ 350 €	❑ 400 €	❑ 450 €

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.

SOCIAL EVENTS (10% VAT)

❑ Official Dinner June 4 - Mole Passedat 80€
❑ After Dinner Dancing Party June 4 - Mole Passedat 30€

HOTEL ACCOMMODATION (Prices include breakfast and 10% VAT)

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

Cancellation & refunds: divine [id] must be notified of any cancellations in writing. Cancellation before April 10th: refund less 10% (administrative charge). Cancellation fromApril 11th: no refund will be given. Name changes are requested before April 10th. After

April 10th, 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 July 2020.

	Single	Double
❑ **Sofitel Marseille Vieux Port** 36 boulevard Charles Livon 13007 Marseille	245 €	265 €
❑ **Newhotel Of Marseille** 71 boulevard Charles Livon 13007 Marseille	240 €	260 €
❑ **Novotel Vieux Port** 36 boulevard Charles Livon 13007 Marseille	185 €	197 €
❑ **Radisson Blu Marseille Vieux Por** 38-40 Quai de Rive Neuve 13007 Marseille	225 €	250 €
❑ **Grand Hôtel Beauvau** 4 rue Beauvau 13001 Marseille	195 €	210 €
❑ **Ibis budget Vieux Port** 46 rue Sainte 13001 Marseille	72 €	79 €

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 €

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	BMMMFR2A