REGISTRATION & HOUSING FORM

Please return to **Chloé Lopez** before the **October 5, 2022**
By email : clopez@divine-id.com / **Fax** : 04.91.57.19.61
By mail : divine[id] 17 rue Venture 13001 Marseille, France
Register online : www.event.divine-id.com/en/eurovalve-2022

Participant Information

Title: ❑ Prof ❑ Dr ❑ Mr ❑ Ms
Last Name . . . . . .
First Name . . . . . .
Institution / Company . . . . . .
Position . . . . . .
Address . . . . . .
Post Code City . . . . . Country . . . . . .
Phone . . . . . Fax . . . . . .
Mobile. . . . . .
E-mail (mandatory) . . . . . .
Sponsored by . . . . . .
Contact . . . . . .

Sponsor

Company . . . . . .
Last Name . . . . . First Name . . . . . .
Address . . . . . .
Post Code. . . . . City . . . . . .
Country . . . . . .
Phone . . . . . Fax . . . . . .
Mobile. . . . . .
E-mail . . . . . .

EASE! ATTACH YOUR BUSINESS CARD!

Speciality

❑ Sonographer
❑ Cardiologist
❑ Cardiac surgeon
❑ Industry professional
❑ Technician & nurse
❑ Resident & fellow
❑ Other . . . . . .

Individual Registration Fees (VAT 20% incl.)	Before September 1st	After September 1st
Physicians (cardiologist, sonographer, etc.)	530 €	640 €
Industry professional	430 €	530 €
Industry professionnal without booth	1 200 €	1 600 €
Nurses and Technicians, fellows and residents	235 €	360 €
Poster presenter - Physician	280 €	330 €
Poster presenter - Fellows and Residents	130 €	180 €
Members of the ESC Council*	370€	435 €

*Members of the ESC Council on Valvular Heart Disease must include their Council membership certificate, downloadable from their My ESC Account.
Group cancellation policy, available on the website, supersedes general cancellation policy. Group reservation applies to more than one participant.

Total due

Registration + accommodation ..... **€**

Payment by

❑ Credit Card ❑ Visa ❑ Mastercard (no other card)
Credit Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| security code* |_|_|_|
Expiration date |_|_|_|_| Cardholder's Name . . . . . .
❑ Check enclosed Please make check in Euro payable in France to divine [id]

❑ Bank Transfer

Beneficiary	SARL divine [id]
Bank	BNP PARIBAS
IBAN	FR76 3000 4007 1100 0108 5122 375
BIC	BNPAFRPPXXX

Date & signature**

* 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.

Organization: divine[id] Stéphanie Meyer ✶ Email: smeyer@divine-id.com
17, rue Venture - 13001 Marseille - France ✶ www.divine-id.com ✶ Tel.: +33 (0) 491 57 19 60