

26-27-28 JANUARY LONDON

REGISTRATION & HOUSING FORM

Please return to Ophélie Nivard before December 15, 2023 By email: onivard@divine-id.com / Phone: +33 491 57 19 66 By mail: divine[id] 17 rue Venture 13001 Marseille, France

Register on	l ine : https:/	//fya-congress.com/
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Participant Information		Sponsor				
First Name		CountryFax	Contact Company Last Name Address Post Code Country Phone Mobile	c c	irst Name	
☐ Vascular surgeon		Cardiovascular & o geons	cardiothoracic sur-		echnician & nurse	
□ Vascular anaesthe□ Resident & fellow	siologists	☐ Industry professio	nal	⊔ Uther		
Individual Regist	ration Fees			or 2 days		
Physicians	ration rees	(VAI 1070 met.)		210 €		
Residents and fellow				105 €		
		act Ophélie Nivard onivard@div	ine-id.com	100 0		
Industrialists (spons				210 €		
Industrialist: Group cancellation p	oolicy, available on the	website, supersedes general cancellation policy. Gr contact Marine Balandras - mbalandras@divine-id.	roup reservation applies to more			
Please note that the number of pl	aces is limited. Be car	eful it's on a first-come, first-served basis!				
SOCIAL EVENT (\	/AT 10% incl.)					
Official Dinner Janua	ry 27th, 2024					
□ 60€ per participan	t					
HOTEL ACCOMM	ODATION (P	rices include breakfast and 20% VAT		Single	Double	
☐ Point A***, January				181 €	193 €	
8-10 Paul St, London EC Point A***, January				206 €	217 €	
8-10 Paul St, London EC						
Arrival date NB: City tax is payable directly on s Cancellation & refunds: divine [id] name changes are requested D-20	Departure of ite to hotels. must be notified of any of	rm any hotel booking. The whole state	Single Double N d less 10% (administrative charge) e congress will be charged the full	b. of nights Cancellation from D-30: no refee. Refunds will be processed.	Rate per night refund will be given. d after the congress.	
Total due			Registra	tion + accommod	ation e	
Payment by						
☐ Credit Card ☐ Visa		I (no other card)		1		
Credit Card Number	r <u> </u>	Opendin al de alla Nama	security code*			
Expiration date		Cardholder's Name		• • • •	Date & signature**	
		k in Euro payable in France to div	rine [IO]			
☐ Bank Transfer	Beneficiary Bank IBAN	SARL divine [id] CRÉDIT AGRICOLE FR76 1130 6000 9348 1141 8671	957			

^{*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.