



## REGISTRATION & HOUSING FORM

To be returned before **March 28, 2024** to **Anabelle Flamant**

Mail : aflamant@divine-id.com / Fax : 04.91.57.19.61

Courrier : divine id 17 rue Venture 13001 marseille

En ligne : <https://www.event.divine-id.com/fr/rhythm-2024>

### Participant Information

Title:  Prof  Dr  Mr  Ms

Last Name ..... Sponsored by .....

First Name ..... Contact .....

Institution / Company ..... Address .....

Address ..... Post Code ..... City .....

Post Code ..... City ..... Country .....

Country ..... Phone .....

Phone ..... Fax ..... Fax .....

Mobile ..... Mobile .....

Email (mandatory) ..... Email .....

Date of birth ..... RPPS number.....

### Speciality

- Cardiologist
- Vascular technician or nurse
- Industry professional
- Resident or fellow
- Rhythmologist
- Anaesthesiologist
- Abstract presenter
- Other

### Individual Registration Fees (10% VAT included)

Before March 28, 2024

After March 28, 2024

Physician & Industry professional (sponsors only)	550€	650€
Resident / Fellow / Nurse*	300€	400€
Abstracts / poster presenter	300€	300€

\* Status needs to be attested and proven. Group cancellation policy, available on the website, supersedes general cancellation policy. Group reservation applies to more than one participant.

### Social event (10% VAT included)

Conference dinner : March 30, 2024

Venue: Sport Beach 138 Av. Pierre Mendès France, 13008 Marseille

70 € per participant

### Hotel accommodation (prices include breakfast and 10% vat)

Single

Golden Tulip Villa Massalia****	200€
Drips Hotel****	190€

#### Booking Details

One night deposit is needed to confirm any hotel booking. The whole stay has to be paid before D-31 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 D-31: refund less 10% (administrative charge). Cancellation from D-30: no refund will be given.

Name changes are requested D-20 before the congress. D-20, no name changes will be accepted. No-Shows at the congress will be charged the full fee. Refunds will be processed after the congress.

### 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** CRÉDIT AGRICOLE  
**IBAN** FR76 1130 6000 9348 1141 8671 957  
**BIC** AGRIFRPP813

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.