

# REGISTRATION & HOUSING FORM

Pre-registration BEFORE September 13, 2020

Register online at [www.meetcongress.com](http://www.meetcongress.com)

# i-MEET

## NEXT GENERATION

Multidisciplinary European Endovascular Therapy

\*The Interactivity MEETING

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

divine[id]

**Caroline Lefrancois**

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Fax: +33 (0) 491 57 19 61

Email: [clefrancois@divine-id.com](mailto:clefrancois@divine-id.com)

- I agree to receive congress eblasts (scientific program, practical information...)  
 I agree to receive eblasts from the congress partners (sponsors, other congresses...)

### Invoicing details (company)

Contact .....  
Address .....  
Post Code ..... City .....  
Country .....  
Phone ..... Fax .....  
Mobile ..... E-mail .....

EASIER!  
ATTACH YOUR BUSINESS CARD!

### SPECIALITY

- Cardiologist  Radiologist  
 Vascular Surgeon  
 Industry Professional  
 Vascular Technician & Nurse  
 Resident & Fellow  
 Student  
 Other .....

### REGISTRATION FEES (20% VAT incl.)

- Attendee  Abstract, video or poster presenter

- Physician, other (first participation) & Industrialist  
 Resident, Fellow, Presenters  
 Industrialist non sponsor  
 Paramedical session  
 Nurse, Technician (incl. Paramedical session)  
 i-MEET official dinner (10% VAT incl. per person, buffet dinner)

### Industry Professional

Before July 6	From July 6
535 €	670 €
330 €	430 €
1 500 €	1 850 €
180 €	195 €
330 €	430 €
70 €	70 €
430 €	620 €

### Group/Sponsor registrations (minimum of 5 persons)

- Physician, industrialist & other

### HOTEL ACCOMMODATION (10% VAT incl. - Breakfast incl. - City tax not included to be paid at the hotel)

Refund of fee: a 10% administrative charge will be applied to cancellations up to D-30. After D-30, 2020 no refund will be given. No-shows at the hotel/congress will be charged the full fee. The whole package stay has to be paid before D-30 to avoid cancellation of reservation. NB : This cancellation policy is not applicable for Group/Sponsor reservations (please contact Caroline Lefrancois : [clefrancois@divine-id.com](mailto:clefrancois@divine-id.com)).

- Radisson Blu Hotel \*\*\*\* (Congress venue)**  
455 Promenade des Anglais, 06299 Nice

	Single	Double
City view	235 €	255 €
Sea view	270 €	290 €

### Booking details

Arrival date  Departure date  Room type:  Single  Double  Twin

Nb. of nights  Rate per night ..... €

### TOTAL DUE

Registration ..... € + Hotel deposit ..... € = ..... €  
( 1 night  whole stay)

### Payment by

- Credit card  Visa  Mastercard (no other card)

Credit card Number  security code\*

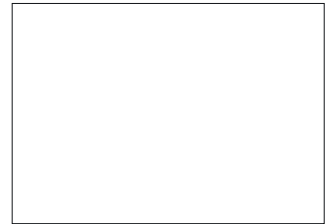
Expiration date  Cardholder's Name .....

Cardholder's Signature"

- Check enclosed Please make check in Euro 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 - RCS Marseille B 308 365 576

By registering for the congress, I agree to subscribe to the congress and the organizing agency newsletters. In addition, my first name and surname will be included in the final participants list which will be sent to the industry members. If you do not want to appear in this list, please contact us at [info@divine-id.com](mailto:info@divine-id.com)



\*3 last numbers at 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.