



SCIENCE AND LIFE OF CHS - **Registration Form**

4th International Conference on Primary Central Hypoventilation • Warsaw, Poland – April 13-14-15, 2012

PLEASE FILL OUT THIS FORM IN BLOCK LETTERS and **RETURN IT TO THE 4TH ICPCH SECRETARIAT** by mail 27 rue Masséna 06000 Nice, France or Fax + 33 (0) 497 038 598 or E-mail: mrsegura@mediaxa.com

PERSONAL DATA **THIS IS AN INDIVIDUAL FORM. EACH MEMBER OF GROUPS IS REQUESTED TO FILL IT OUT**

☐ Dr ☐ Pr ☐ M ☐ Mrs ☐ Ms

*** Mandatory fields**

* LAST NAME _____ MIDDLE INITIAL _____ * FIRST NAME _____ * SPECIALTY _____

* ADDRESS _____

* CITY _____ STATE _____ * ZIP CODE _____ * COUNTRY _____

PHONE _____ CELLULAR PHONE _____ FAX _____ * E-MAIL _____

ACCOMPANYING PERSON(S)

☐ M ☐ Mrs ☐ Ms

* LAST NAME _____ MIDDLE INITIAL _____ * FIRST NAME _____ DATE OF BIRTH _____

* LAST NAME _____ MIDDLE INITIAL _____ * FIRST NAME _____ DATE OF BIRTH _____

A. REGISTRATION FEES **Deadline for early bird registration = NOVEMBER 30, 2011**

TOTAL A.....€

☐ ALL PARTICIPANTS = Before deadline 250 € / After 350 € ☐ STUDENTS (under 35 yo) = Before deadline 150 € / After 250 € ☐ FAMILIES = Free of charge

written proof requested

Registration form must be returned to the secretariat at the latest on March 1st, 2012

The registration fee includes:- Conference access / Congress bag + material / 4 Coffee breaks / 2 Lunches / Gala dinner (only for paying registrants)

B. ACCOMMODATION AT THE CONGRESS HOTEL HYATT REGENCY (For other hotels, please visit the meeting website)

TOTAL B.....€

☐ SINGLE 145 € ☐ DOUBLE 165 € ADDITIONAL BED ☐ 50 € Check-in ____/____/ Check-out ____/____/ Number of nights ____ Number of persons ____

C. GALA DINNER FEE

For families and accompanying persons

☐ FRIDAY, APRIL 13 / 45 € xperson

TOTAL C.....€

PAYMENT

TOTAL (A+B+C).....€

→ **CHEQUE only in Euros payable to Medi@xa / 4th ICPCH**

→ **SWIFT TRANSFER: A copy of your bank transfer order mentioning your ID reference has to be sent by fax or e-mail to the 4th ICPCH secretariat, along with the registration form.**

Beneficiary: **Medi@xa** • BPCA - Agence Buffa - 8 rue de la Buffa - 06000 Nice, France

SWIFT CODE: CCBPFRPPNCE • BANK CODE: 15607 / BRANCH CODE: 00012 / ACCOUNT #: 60221237564 • IBAN: FR76 1560 7000 1260 2212 3756 433

→ **CREDIT CARD** Please, charge my ☐ VISA ☐ MASTER CARD / EUROCARD • CARD # ____/____/____/____/____/____ • EXPIRY DATE: YYYY ____/____/MM ____

CV2 Code ____/____/____ (Last 3 digits numbers in the signature field on your credit card) • CARD HOLDER'S NAME _____ • CARD HOLDER'S SIGNATURE _____

CANCELLATION POLICY

Cancellation of registration must be sent in writing to the 4th ICPCH Secretariat and can be made up to January 15, 2012.

The refund of registration less a 25% administrative charge, will be made after the congress.

For cancellations made after January 15, 2012 there will be no refund.