



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 – 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 _____ *DOB _____

*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 = **DECEMBER 30, 2011**

ALL PARTICIPANTS = Before deadline 250 € / After 350 € STUDENTS (under 35 yo) & NON PHYSICIAN PROFESSIONALS = Before deadline 150 € / After 250 €
written proof requested for students

TOTAL A.....€
 FAMILIES = Free of charge (Registration forms 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. GALA DINNER FEE For families and accompanying persons FRIDAY, APRIL 13 45 € xpersons

TOTAL B.....€

PAYMENT TOTAL (A+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 _____

CW2 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

