

## Registration Form

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to **C&C International** Tel.: +30 210 6889130, Fax.: +30 210 6844777, Registrations Department e-mail: [eip-reg@candc-group.com](mailto:eip-reg@candc-group.com) You may also register online at: [www.excellence-in-paediatrics.org](http://www.excellence-in-paediatrics.org)

### To be completed by the PCO:

Receipt Date:

Registration number:

### I. DELEGATE'S DETAILS

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Title

(Dr, Mr, Mrs, Ms, other): |\_\_|\_\_|\_\_|\_\_|

Male

Female

Position / Department / Organisation:

#### Example

Professor/Assistant Dean for Clinical Affairs/ Complete Denture and Biomaterials Departments Medical Center, University of Michigan, Ann Arbor, MI, U.S.A.

Correspondence Address (Street & Nr): \_\_\_\_\_

Organisation  Home

City/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. (please include country code): \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Social media account(s) (URL) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

### II. ACCOMPANYING PERSON'S DETAILS

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Male  Female  Adult  Child  Year of birth: \_\_\_\_\_

**A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the PCO.**

### III. CONTACT PERSON IN CASE OF EMERGENCY

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### III. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

|             |                                     |  |
|-------------|-------------------------------------|--|
| 1) E-mail   | 2) Journal / Scientific Publication | 3) Colleague                             |
| 4) Internet | 5) Poster                           | 6) Professional / Scientific Association |
| 7) Industry | 8) Scientific Event                 | 9) Other - Please specify :              |

### IV. VISA REQUIREMENTS

If you need visa invitation, please tick the box

A valid passport is generally required. Citizens of the EU countries or holders of Schengen Visa do not need visa to enter UK (airlines or other carriers require identity card issued by a public authority). For detailed information regarding visa requirements, please visit the website of the UK Ministry of Foreign Affairs: <http://www.ukvisas.gov.uk/en/>

### V. REGISTRATIONS (VAT 19% is included)

All prices are quoted in Euros (€)

| REGISTRATION TYPE               | PARTICIPATION TO EXCELLENCE IN PAEDIATRICS 2010 |   |   |
|---------------------------------|---|---|---|
|                                 | Early Registration<br>Until 03 September 2010   | Late Registration<br>04 September 2010 – 26 November 2010 | ON-SITE Registration<br>2-4 December 2010 |
| Full Delegates                  | 590€  | 640€  | 700€                                      |
| Trainees / Young investigators* | 380€  | 430€  | 490€                                      |
| Accompanying Persons            | 110€  | 125€  | 135€                                      |

\* Please note that the reduced registration fee for trainees / young investigators is available for doctors and researchers under 35 years old. Please submit an official document such as ID card indicating your birth date.

#### Registration entitlements:

| Registration fee includes :   | Full Delegates                      | Trainees/Young investigators        | Accompanying Persons                |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Participation in all scientific sessions  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Entrance to the exhibition area   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| Participation in the Opening Ceremony   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| Participation in the Welcome Reception  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Conference Materials  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Coffee Breaks   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| Lunch Breaks  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| One year subscription to Evidence Based Child Health: A Cochrane Review Journal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| City Tour   |                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

### VI. CANCELLATION & SUBSTITUTION POLICY

For written cancellations or substitutions\* received:

| Period   | Administrative fee       |
|--|--------------------------|
| prior to <b>September 3<sup>rd</sup>, 2010</b>                             | NO                       |
| from <b>September 4<sup>th</sup>, 2010 to October 1<sup>st</sup>, 2010</b> | € 60                     |
| from <b>October 2<sup>nd</sup>, 2010 to October 31<sup>st</sup>, 2010</b>  | 50% of registration fee  |
| from <b>November 1<sup>st</sup>, 2010</b>                                  | 100% of registration fee |

All refunds will be processed one (1) month after the conclusion of the Conference.

\* The Registration Form duly filled in, is required for the replacing delegate.



