

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 You may also register online at: www.excellence-in-paediatrics.org

To be completed by the CO:

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 Conference Organisers.

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 is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN PAEDIATRICS 2010		
	Early Registration Until 03 September 2010	Late Registration 04 September 2010 – 26 November 2010	ON-SITE Registration 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 checked="" type="checkbox"/>
Entrance to the exhibition area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in the Opening Ceremony	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>
Coffee Breaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lunch Breaks	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>
City Tour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

VII. WORKSHOP PARTICIPATION

In view of the World Aids Day (1 December 2010), the Conference Organisers are excited to announce that the total income generated by the registration fees for the Conference workshops will be donated to KEEP A CHILD ALIVE to support its mission in the fight against AIDS.

KEEP A CHILD ALIVE is a registered 501(c)3 charity in the US dedicated to providing life-saving anti-retroviral treatment, care and support services to children and families whose lives have been affected by HIV/AIDS in Africa and India.

Due to limited attendance we kindly suggest to book in advance your participation to any of the workshops that follows. In case you would like to attend, please check your preferences. To be informed about the presentation time of each workshops, please visit the conference website www.excellence-in-paediatrics.org (scientific programme)

