



CONTINUING MEDICAL EDUCATION COURSE REGISTRATION FORM

Please indicate the name of the course you are registering for:

I heard about this course by: Web Site Emailing Journal Guide / Brochures Other.....

REGISTER BY RETURNING THIS FORM BY FAX TO +33 (0)4 92 94 18 24

OR BY EMAIL TO seminars@escardio.org

INDIVIDUAL REGISTRATION FORM		Reception date	Reg. N°																																
1 Participant details - For confirmation and meeting documents		Membership card: ESC- _____																																	
<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y																										
D	D	M	M	Y	Y																														
In capital letters Family Name First Name																																			
2 Address		<input type="checkbox"/> Home (go to 3)																																	
If you indicate your home address, DO NOT FILL in the fields: "Professional Organisation" and "Department".		OR <input type="checkbox"/> Business (go to 3)																																	
		Professional Organisation																																	
		Department																																	
3 Street																																			
Postal / Zip Code	City	State / Province	Country																																
Email																																			
Tel.		Fax																																	
4 Billing Address																																			
Company Name																																			
Street																																			
Postal / Zip Code	City	Country																																	
Email																																			
Tel.		Fax																																	
5 Registration Fees in Euros																																			
Requests received less than 6 weeks prior to the course date, remain subject to availability.																																			
	Without Hotel	With Hotel																																	
Early Fees	€ 420	€ 610																																	
30 to 1 day before the course	€ 460	€ 650																																	
Names changes (72h prior to the course)	€ 5	€ 5																																	
Total amount ordered	€ <input type="text"/>	€ <input type="text"/>																																	
6 Payment in Euros. Please tick-off method of payment																																			
<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> Eurocard/Mastercard <input type="checkbox"/> American Express																																			
N° <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Expiry Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Card Verification Code (CVC) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
I hereby authorise the ESC to debit or credit this credit card account with the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked. (must be valid until 10/06)																																			
CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE																																			
<input type="checkbox"/> BANK TRANSFER in Euros to the ESC Congress & Meetings Department																																			
Name of the bank: Société Générale - Nice Arénas - France																																			
Bank code: 30003 - Branch code: 00950 - Account number: 00020009837 - 61 - Swift code: SOGEFRPP																																			
IBAN code: FR76 30003 00950 00020009837 61 (IBAN code imperative for international bank transfer)																																			
Made through (name of your bank) Company's name.....																																			
Amount Date.....(Please attach a copy of your bank transfer)																																			
<input type="checkbox"/> CHEQUE in EUROS made payable to the ESC Congress & Meetings Department																																			
N° amount(enclosed)																																			

I hereby accept the Registration Conditions.

Date: Signature:

REGISTRATION CONDITIONS

GENERAL CONDITIONS

Requests received less than 6 weeks prior to the course date, remain subject to availability.

- Registration fees are based on date of receipt of the completed registration form and payment.
- Upon receipt of both a valid registration form and the payment, a registration confirmation will be sent by email.
- The deadline for early fee is **31 days** prior to the event.

CANCELLATIONS CONDITIONS

Up to 6 weeks prior to the course and upon receipt of a written cancellation, a refund of fees, minus a 25% of administrative charge, will be processed. No refund will be granted if the cancellation is done less than 6 weeks before the course start date.

In the event of the cancellation of a course by the ESC, the full registration fee will be refunded.

The ESC is not liable for any cost incurred by the cancellation of accommodation and travel arrangements

PAYMENTS (please bring a copy of your payment to the course)

All prices quoted are in Euros and payment in any other currency will not be accepted. Payments for fees must accompany all registration forms.

BY CREDIT CARD:

Visa - Eurocard/MasterCard - American Express

BY BANK TRANSFER:

It is essential that a copy of the stamped bank transfer details and a copy of the official completed registration form is faxed to the Registration Department in order to identify your bank transfer.

Please transfer funds to the ESC Congress & Meetings Department:

Société Générale, Nice Arénas - France

Bank code: 30003 - Branch code: 00950 - Account n°: 00020009837 - Bank identity: 61 - Swift code: SOGEFRPP

IBAN code: FR76 30003 00950 00020009837 61 (IBAN code imperative for international bank transfer)

BY CHEQUE:

Please make the cheque payable to the ESC Congress & Meetings Department in Euros.

DATA PRIVACY STATEMENT

You have personal data, which is, according to the Law on data processing and Civil Liberties 78-17 of 6 January 1978 modified, registered with the European Society of Cardiology (ESC). The information you supply on this form is required to process it and it will be held in the ESC customer data files. It may be used for marketing and communication purposes by the ESC and its contractors only. You have the absolute right to access, amend and oppose any use of this personal data by writing to the ESC at the address mentioned below or by email at usercontact@escardio.org

European Society of Cardiology - Data Privacy

2035 Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France

Please be aware that when you visit exhibiting company stands during the event, presenting your badge may enable them to retrieve the following personal data: first name(s), last name(s), address, telephone, fax, email, and professional activity information.

Please do not hesitate to contact the ESC Congress & Meetings Department:

Tel: +33 (0)4 92 94 76 00 - Fax: +33 (0)4 92 94 18 24

Email: seminars@escardio.org

The mission of the ESC: To improve the quality of life of the European population by reducing the impact of cardiovascular disease.

The European Heart House - 2035, Route des Colles - Les Templiers - BP 179 - 06903 Sophia Antipolis Cedex - France

Tel. +33 (0)4 92 94 76 00 - Fax: +33 (0)4 92 94 18 24 - Web Site: www.escardio.org

SOCIETE EUROPEENNE DE CARDIOLOGIE Association loi 1901 - Déclaration du 08/04/1992 N° 1/10006 J.O. N° 18 du 29/04/1992 - Association agréée de tourisme N° AG.006.00.0002