

## REGISTRATION FORM

- This form is for ONE registration only. For additional registrations, please photocopy this form or download it from our website [www.icpp-thecourse.org](http://www.icpp-thecourse.org)
- Please type or print in block letters the following information & send this form to [info@icpp-thecourse.org](mailto:info@icpp-thecourse.org)

### PERSONAL DATA:

Dr       Mr       Mrs       Ms

Last Name ..... First Name ..... Specialty .....

Address .....

City ..... Postal Code ..... Country .....

Phone ..... Email .....

Optional - Accompanying Person (\*) .....

### REGISTRATION FEES: The registration fee entitles the participant to the following:

#### PACKAGE 1

500,00 €

- Conferences:                      **3 Days Course** - Badge - Meeting bag containing ICPP educational material
- Catering:                              3 Lunches + 4 Coffee breaks

#### PACKAGE 2

1300,00 €

- Conferences:                      **3 Days Course** - Badge - Meeting bag containing ICPP educational material
- Accommodation:                      **3 Nights** (April. 27-28-29) in a **single** room (Including breakfast) at the **Porta Hotel Antigua 4\***
- Catering:                              **3 Lunches** (April 28-29-30) + **3 Dinners** (April. 27-28-29) + 4 Coffee breaks
- Leisure:                                  Saturday April 29th: **Sightseeing Tour and dinner** in a local restaurant
- Accompanying Person(\*):               380 € x ..... person(s)

(\*) Registration for accompanying person(s) includes: accommodation for 3 nights (sharing your room), breakfasts, dinners and excursion on Saturday afternoon. It does NOT include lunches and attendance to the Course

For your accommodation, you need     Single room                       Double room (only with accompanying person)  
 Additional night(s) 185 € x ..... night(s)

### PAYMENT:

Total amount to be paid:  €

- **Credit Card:** Please charge my     Visa     Eurocard/Mastercard for the total amount due

Card # .....                      Expiry date : .....                      CV2 Code .....                      Last 3 digits at the back of your card  
 Cardholder's name: .....                      Cardholder's signature: .....

- **Bank transfer:** Please send this registration form along with a copy of the transfer order to the ICPP Secretariat ( [info@icpp-thecourse.org](mailto:info@icpp-thecourse.org) )

Date .....                      Paid by : .....

TO: MEDIAXA sarl • **BANK:** BPMED - AGENCE DE LA BUFFA - 06000 NICE - FRANCE

• **SWIFT CODE:** CCBPFRPPMAR    • **BANK CODE:** 14607    • **BRANCH CODE:** 00312    • **IBAN #:** FR76 1460 7003 1260 2212 3756 446

• **ACCOUNT No:** 60219838248

(Please **do not forget** to mention on the "transfer order": **Last Name / ICPP18**)

Upon booking and payment, a receipt will be sent to you at the address mentioned on this form.

#### Cancellation & Refund Policy:

Cancellation of registration can be made up to February 28th, 2023 (full refund less 25% handling fee). Notification of cancellation must be sent to the ICPP Secretariat [info@icpp-thecourse.org](mailto:info@icpp-thecourse.org)

There will be no refund if the cancellation is made after February 28th, 2023.