

Date: __



Signature: ___

Registration Form		Please note that you	may also register online: www.cppcongress.com
☐ Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other Last Name (please underline) / First Name, Initials		Please return before May 5 2012 to- Fax: +41 (0)22 580 2953 or secretariat@cppcongress.com or mail to:	
Job title / Position		CPP 2012 c/o Paragon Conventions 18 Avenue Louis- Casai 5th floor 1209 Geneva Switzerland	
Company / Organization / Firm			
Department			
Street, No		P.O. Box	Postal Code / Zip Code
City	Country		State / County (where applicable)
Fax	Business phone No.	Mo	obile phone No.
E-mail			
Medical Specialty		Until February	Until May 5th, 2012
Registration Fees	Until December 10th, 2011	25th, 2012	& Onsite Amount
Participant	€570	€640	€720
Resident */Nurse/ Technician	€460	€525	€590
Student *	€350	€400	€ 450
Accompanying Person	€55	€65	€75
* Participants registering as Residents and Students must provide an official letter from the head of their department to support their application rate. Total Fees: €			
The total amount will be paid as follows: Credit Card: Visa	☐ MasterCard ☐ Am	nerican Express [☐ Diners
The charge will be made in US Dollars according to the currency on the actual day of the transaction. Card number: Date of expiry CVV2 / Security Code			
Name as shown on Card: Passport No			
☐ Bank transfer: Ref: CPP 2012, UBS Geneva Bank, Account No. 0240-459284.06N, Swift Code: UBSWCHZH12A, IBAN Code: CH050024024045928406N. Bank charges are the responsibility of the customer and should be paid at source in addition to the registration fees.			
Cancellation Policy			1
Refund of Registration Fees will be made Up to 90 days prior to arrival-full refund le Up to 60 days prior to arrival-cancellation Less than 60 days prior to arrival-no refu	ess bank charges i charge of €50	n by fax or e-mail only, a	s follows: