for C Pedi	May, 2012, N			
Family Name (please underline) / First Name, Init	CIP	CIP c/o Paragon Conventions 18, Avenue Louis-Casai Tel: +41-22-5330-948 Fax: +41-22-5802-953 Mail: registration@cipediatrics.org		
Hospital / Institute / Company	Fax: +			
Department	1209 (1209 Geneva Switzerland		
Street, No				
P.O. Box Postal Code / Zip C	City			
Continent County (and state where applicab	le) E-mail		
Telephone work	ne home	Mobile Phone		
Medical Specialty		Fax		
Registration Type	Early-Bird Registration Prior to Jan 5, 2012	From Jan 6 to March 22, 2012	Late Registration March 23, to May 8, 2012 And on-site**	: Amount
Full Delegates	€ 415	€ 495	€ 660	
CIS countries and local (see full list at the congress		€ 220	€ 250	
Residents*, nurses Students*	€ 305 €195	€ 385 €275	€ 550 €330	
Accompanying Guest		€ 50	6000	
Accompanying Person Name / First Name *Students and residents must provide "proof of sture registration)		student identification card, or	Total Fees	€department upon
** The registration system will be closed on May 8	th 2012 and will thereafter	r be available on site only.		
The total amount will be paid as follows: ** Credit Card: No] MasterCard	American Express	Diners on CVV2	Code
Name as shown on Card: Bank transfer: Paragon Conventions Reference: CIP 2012. Account no: 0240-459284 Bank charges are the responsibility of the customereceipt of confirmation from the bank				
Cancellation Policy Refund of Registration Fees will be made as follow charge of €50, Less than 60 days prior to arrival-n		arrival-full refund less bank c	harges, Up to 60 days pr	ior to arrival-cancellation
Comments:				

Date: ___
