

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 the **C&C International SA**, Tel.: +30 210 6889130, Fax: +30 210 6844 777, Conference e-mail (Registrations): EBM-Child-Nutrition@candc-group.com

You may also register online at: www.epa-unepps.org

To be completed by the PCO:

Receipt Date:

Registration number:

I. DELEGATE'S DETAILS

Surname: _____

First name: _____

Title (Dr, Mr, Mrs, Ms, other): _____ Male Female Nationality: _____

Position / Department / Organisation:

Example

Assistant Dean for Clinical Affairs and Professor
Complete Denture and Biomaterials Departments
School of Dentistry, 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*: _____

**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: _____

Surname: _____

First name: _____

Male Female Adult Child Year of birth: _____

A letter confirming your registration will be sent to you within two (2) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the PCO.

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 Italy (airlines or other carriers require identity card issued by a public authority). For detailed information regarding visa requirements, please visit the website of the Italian Ministry of Foreign Affairs: http://www.esteri.it/visti/index_eng.asp

V. REGISTRATIONS (VAT 19% is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EVIDENCE BASED MEDICINE & CHILD NUTRITION (ONE DAY MEETING)			PARTICIPATION TO BOTH EVENTS (EVIDENCE BASED MEDICINE AND CHILD NUTRITION MEETING & EXCELLENCE IN PAEDIATRICS CONFERENCE)		
	Early Registration Until 5 Oct 2009	Late Registration 6 Oct – 20 Nov 2009	ON-SITE Registration 3-6 Dec 2009	Early Registration Until 5 Oct 2009	Late Registration 6 Oct – 20 Nov 2009	ON-SITE Registration 3-6 Dec 2009
Full Delegates	230 €	260 €	280 €	590 €	640 €	700 €
Trainees / Young investigators*	160 €	180 €	200 €	380 €	430 €	490 €
Students / Nurses**	130 €	150 €	170 €	310 €	360 €	420 €
Accompanying Persons				110 €	110 €	130 €

* 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.

** Additionally, please note that participants registered as students must submit a copy of student ID card. Participants registered as nurses must submit a certificate of employment / confirmation letter issued by their employer.

Registration entitlements:

- Full Delegates
- Trainees / Young investigators
- Students / Nurses

Participation ONLY to the Evidence Based Medicine & Child Nutrition Meeting	Participation to BOTH Evidence Based Medicine and Child Nutrition Meeting & Excellence in Paediatrics Conference
One day attendance – 3 December 2009 to scientific sessions of Evidence Based Medicine & Child Nutrition	4 days attendance – 3-6 December 2009 to scientific sessions of Evidence Based Medicine and Child Nutrition & Excellence in Paediatrics
Conference Material	Conference Material
Access to the exhibition on December 3 rd 2009	Access to the exhibition (3-6 December 2009)
Participation in the Welcome Reception	Participation in the Welcome Reception
Morning & afternoon Coffee Break on December 3 rd 2009	Coffee Breaks daily (3-6 December 2009)
	One year subscription to Evidence Based Child Health: A Cochrane Review Journal

Registration entitlements for Accompanying persons (valid only for participation to both Events):

Participation to BOTH Evidence Based Medicine and Child Nutrition & Excellence in Paediatrics
City Tour
Participation in the Welcome Reception

VI. CANCELLATION & SUBSTITUTION POLICY

For written cancellations or substitutions* received:

Period	Administrative fee
prior to September 1st, 2009	NO
from September 2nd, 2009 to September 30th, 2009	€ 60
from October 1st, 2009 to October 31st, 2009	50% of registration fee
from November 1st, 2009	100% of registration fee

All refunds will be processed one (1) month after the conclusion of the Conference.

* A Registration Form duly filled in, is required for the replacing delegate.

VII. REGISTRATION PROCEDURE

You may pre-register for the Excellence in Paediatrics by forwarding the Registration Form and your payment to the PCO following the deadlines outlined in section V. From November 20th, 2009 and onwards, registrations will be accepted only at the Conference Secretariat operating in the Conference Venue.

VIII. PAYMENT DETAILS

You can pay for your registration fee by credit card (belonging either to you or to a third party) or cash on site in EUR only.

Personal checks are not accepted.

Please fill in the following fields and tick where appropriate:

Payment by credit card:

Visa
 MasterCard
 Diners
 AMEX (not accepted for on line and on site registrations)

Credit card number:

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Card expiry date:

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Month Year

Cardholder's name:

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(as displayed on the card)

Cardholder's telephone number
(please include country code):

Bank issuing Details:

Three digit numbers as displayed at the back side of your card:

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I hereby authorize C&C International to debit this card with the total amount of €.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs in view of his/her participation in the Excellence in Paediatrics.

Cardholder's Signature:

.....

(Please do not type your name: Original signature is required.)

Please note that in case that you supply information for credit card that belongs to a third party, a photocopy of the credit card and of the cardholder's passport (or ID card) is required in order to proceed with the transaction. In any case, no registration request will be accepted and confirmed without the submission of the above mentioned official documents.

IX. BILLING DETAILS

Please tick one of the following billing options:

Receipt*

Invoice

In case of invoice please fill in the following details:

Individual's name/
Company Name:

Profession/
Field of activities:

Address (street & number):

Zip code:

City:

Country:

Tel. (please include country code):

Fax:

E-mail:

Tax ID Nr.:

Local Tax Authority-DOY

(Greek delegates only)

*** A receipt will be issued in case you do not choose one of the options.**

"The Organisers of the Excellence in Paediatrics reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."

It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the Excellence in Paediatrics nor will it be publicized in any other way.

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....

Signature.....

(Please do not type your name: Original signature is required.)



C&C International
Group of Companies