

REGISTRATION FORM
9TH EFORT Congress
Nice, France – 29 May to 1 June, 2008



EFORT – JOINT EFFORTS

Please send this form directly to:
O.I.C s.r.l. – Professional Congress Organiser
Viale Matteotti 7, 50121 Florence, Italy - by 15 April, 2008
Phone +39 (055) 50351, Fax +39 (055) 5001912, e-mail registration@efort.org

or register online at www.efort.org by 15 APRIL 2008 at the latest!

1. PERSONAL INFORMATION

Please complete this form for **ONE participant** in block letters.

MD PhD Scientist/Researcher

Last Name _____ First Name _____
 Institution _____ Department _____
 Address _____
 Zip Code _____ City _____
 Country _____
 Telephone _____ Telefax _____
 E-mail _____

2. ACCOMPANYING PERSON(S)

Accompanying persons are not entitled to participate in the Congress sessions.

Last Name _____ First Name _____
 Last Name _____ First Name _____
 Last Name _____ First Name _____

3. CONGRESS REGISTRATION

The latest date for pre-registration is 15 April 2008. Registrations received after this date will not be considered and will have to be resubmitted on-site.

Fees (VAT included)	Registration BEFORE 15/1/2008	Registration BETWEEN 15/1/2008 and 15/4/2008	Registration ON-SITE	Sub-total
<input type="checkbox"/> Participant	€ 360	€ 410	€ 460	
<input type="checkbox"/> Residents in training*	€ 190	€ 250	€ 310	
<input type="checkbox"/> Students and allied care providers*	€ 110	€ 130	€ 170	
<input type="checkbox"/> One day registration	On-site only	On-site only	€ 180	
<input type="checkbox"/> Accompanying person(s) Nr. _____	€ 120	€ 145	€ 160	
			Sub Total	€

* certificate of training director, copy of student card or proof of occupation is mandatory

5. HOTEL RESERVATION

Room reservations can only be processed once your first down-payment has been received. The Congress Secretariat will confirm the booking and hotel details, according your choice (see page 14). Balance is required by **30 March 2008**.

Hotel Category	Single Occupancy min/max in €	Double Occupancy min/max in €	Down payment per room in €
<input type="checkbox"/> 4 Stars SUPERIOR	€ 255/320	€ 275/320	320
<input type="checkbox"/> 4 Stars STANDARD	€ 180/290	€ 195/305	305
<input type="checkbox"/> 3 Stars	€ 95/195	€ 105/195	195
<input type="checkbox"/> 2 Stars	€ 70/105	€ 80/125	125
Subtotal			

Second choice of hotel category _____

Type of room requested

No. _____ double room(s) No. _____ single/double room(s) for single use

Smoking room Non-smoking room

Date of arrival _____ 2008 Date of departure _____ 2008

Length of stay _____ nights Arrival after 18 hrs yes no

Other requests

(e.g. allergies, disability, vegetarian etc.)

6. SOCIAL PROGRAMME

Thank you for helping us plan by indicating your attendance at the social programme (see page 9).

Social events	Date	Unit price	Number	Sub-total
<input type="checkbox"/> Opening ceremony and welcome reception	Thursday, 29 May 2008	Free for registered delegates and registered accompanying person(s)	Nr. _____	_____
<input type="checkbox"/> Nice night	Friday, 30 May 2008	€ 60,00 (VAT included)	Nr. _____	_____
<input type="checkbox"/> Closing & awards ceremony	Sunday, 1 June 2008	Free for registered delegates and registered accompanying person(s)	Nr. _____	_____
Sub Total				_____

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PAYMENT

We accept the following credit cards:

VISA

MASTERCARD

AMERICAN EXPRESS

Card no. _____ Expiry date _____

Security code (last 4 digits on the back of the card, AMERICAN EXPRESS only) _____

Security code (last 3 digits on the back of the card, VISA and MASTERCARD only) _____

Cardholder's name _____

Cardholder's home address _____

Overall amount (total) to be charged in EUR () _____

I hereby authorise the use of my credit card for the purposes specified above and, in case of hotel reservation, to charge the remaining balance by 30 March 2008.

Date _____ Signature _____

Account name: O.I.C. s.r.l.

Bank: Cassa di Risparmio, Ag. 1, Viale Matteotti 20r, Florence, Italy

Account number: 10628, ABI 6160, CAB 02801, CIN S

IBAN Code: IT39S0616002801000010628C00

SWIFT Code: CRFIIT3F

Check list

- ✓ No charges to the recipient
- ✓ The name of the participant and EFORT 2008 appears on the bank transfer
- ✓ Copy of the bank transfer receipt is enclosed with the form

DECLARATION

Your signature is mandatory in order to process your registration!

According to art. 10/Law 675/96, EFORT, and on its behalf O.I.C. s.r.l. and O.I.C. Way s.r.l. are authorised to use my personal data for purposes connected to Congress management. By signing this form I accept the conditions stated in the EFORT First Announcement and Call for Abstracts. I also confirm that I have understood the cancellation, payment and refund policy for individual registration as well as the hotel reservation terms and conditions specified in the announcement.

Date _____ Signature _____