

32nd Annual Meeting of the European Society For Paediatric, ESPID 2014
Dublin, Ireland, May 6- May 10, 2014

Registration and Accommodation Form
SUPPORT FOR RESOURCE POOR COUNTRIES

Please type in **BLOCK LETTERS** and Fax or EMAIL to:

E-mail : espid2014_reg@kenes.com

Fax: +41 22 906 91 40 , Tel: +41 22 908 0488



Registration and Accommodation Department
1-3 Rue de Chantepoulet, Ch-1211 , Geneva 1, Switzerland

IDENTIFICATION (Please TYPE or PRINT IN BLOCK LETTERS)

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Family Name _____ Initials _____ First Name _____

Title Prof. Dr. Mr. Mrs. Ms Year of birth [YYYY] _____ E- Mail Address _____@_____

Mobile phone: _____ I agree to receive SMS notifications during the meeting regarding scientific updates.

Country code / mobile number

Office Address

Institute _____ Dept. _____

No. _____ Street _____ Suite/Apt. _____

City _____ State/Province _____ Country _____ Postal code _____

Telephone (office hours): Country code/city code/number _____ Fax: Country code/city code/number _____

Abstract Number (if applicable) _____

You and Your Privacy: Please note that companies may be offered the opportunity to hold Satellite Symposia at this specific event.

As a Congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details. I DO NOT wish my details to be forwarded to companies organizing satellites Symposia.

Registration Fees: Fees apply to payments received prior to the indicated deadlines.

Package	<input type="checkbox"/> €
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Accommodation

Hotel (up to 4 nights in a single room – hotel name will be advised). **Type of room required** Single Double* Other

Check in _____ Check out _____ Total night/s _____

* I will share my accommodation with: _____

PAYMENT

Option 1 - Credit Card: Visa MasterCard American Express

Card Number _____ Expiry Date (month/year) _____ Name Shown on card (Family name/first name) _____

Signature _____

Option 2 - Bank Transfer: Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees. Please make drafts payable to: **ESPID 2014 Registration (account holder: Kenes International)**, Bank: Credit Suisse Geneva, 1211 Geneva 70, Switzerland, Bank Code: **4835**, Swift No.: **CRESCHZZ80A**, Account no.: **693980-52-520**, IBAN: **CH97 0483 5069 3980 5252 0**

CANCELLATION POLICY (cancellations should be faxed or emailed):

- Cancellations received up and including March 5, 2014 – full refund.
- Cancellations received between March 6 to April 30, 2014 – 50% will be refunded.
- From May 1, 2014 – no refund will be made.

Date _____ Signature _____