

ONLINE REGISTRATION CAN BE MADE ON www.escardio.org OR RETURN THIS FORM BY FAX +33 (0) 4 92 94 76 10
DEADLINE FOR PRE-REGISTRATION: 15 May 2005. After this date, participants must register on-site in Prague

INDIVIDUAL REGISTRATION FORM		Reception date	Reg. N°
1 Participant details - For confirmation and Meeting documents		Membership card: ESC- _____	
<input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth: D D M M Y Y
In capital letters Family Name First Name			
2 Address	<input type="checkbox"/> Home (go to 3)	OR	<input type="checkbox"/> Business Professional Organisation
		Department	
3 Street			
Postal / Zip Code		City	Country
E-mail		@	
Tel.		Fax	
4 Profession (Please complete either A or B)			
A - Practising Cardiologist and Speciality			
Select one or more: <input type="checkbox"/> In University Hospital <input type="checkbox"/> In Non-Univ. Hospital <input type="checkbox"/> Practising outside of Hospital			
Then select one or more Specialities			
<input type="checkbox"/> Acute Cardiac Care	<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Paediatric Cardiology
<input type="checkbox"/> Arrhythmias and Pacing	<input type="checkbox"/> General Cardiology	<input type="checkbox"/> Interventional Cardiology	<input type="checkbox"/> Preventive Cardiovascular Medicine
<input type="checkbox"/> Basic Science	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Non-Invasive Imaging	<input type="checkbox"/> Valvular Disease
OR			
B - Other Profession (select one only)			
<input type="checkbox"/> Trainee Cardiologist	<input type="checkbox"/> Other Medical Specialist	<input type="checkbox"/> Technician	<input type="checkbox"/> Medical Devices/Equipment Ind. Rep
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Associated Scientist	<input type="checkbox"/> Press/Publishing Rep
<input type="checkbox"/> GP/Primary Care	<input type="checkbox"/> Nurse	<input type="checkbox"/> Pharmaceutical Industry Rep	<input type="checkbox"/> PR Agency/Communication Rep
		<input type="checkbox"/> Non Profit Org. Rep	<input type="checkbox"/> Public Health Org. Rep
		<input type="checkbox"/> Insurance Comp. Rep	<input type="checkbox"/> Other
5 Registration Fees in Euros			
	Until 15/04/2005	Until 15/05/2005	On-Site
Standard fee	<input type="checkbox"/> € 600	<input type="checkbox"/> € 650	<input type="checkbox"/> € 700
Participants born after Jan. 1975 *	<input type="checkbox"/> € 300	<input type="checkbox"/> € 325	<input type="checkbox"/> € 350
Nurse **	<input type="checkbox"/> € 300	<input type="checkbox"/> € 325	<input type="checkbox"/> € 350
Technicians **	<input type="checkbox"/> € 300	<input type="checkbox"/> € 325	<input type="checkbox"/> € 350
Accompanying person (includes sightseeing tour, access to exhibition only)			<input type="checkbox"/> € 60
Family Name First Name			
EHRA Dinner, Tuesday 28 June 2005 (120 Euros each) number of seats:			
		<input type="checkbox"/> €.....	<input type="checkbox"/> €.....
		<input type="checkbox"/> €.....	<input type="checkbox"/> €.....
Total amount ordered : €			
* Copy of passport to be provided			
** Statement of the Head of the Department to be provided.			
Participants paying the Standard fee, born after January 1975 and Nurse fee will receive a subscription to the EUROPACE Journal for 2 years (2006 - 2007) at the above address.			
6 Payment in Euros. Please tick-off method of payment			
<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> Visa <input type="checkbox"/> Eurocard/Mastercard <input type="checkbox"/> American Express			
Credit Card N°		Expiry Date	
		m m y y (must be valid until 08/05)	
I hereby authorise the ESC to debit or credit this credit card account with the total amount due and any subsequent changes (cancellation, modification fees, no-show charges) to the items booked.			
CARDHOLDER'S NAME		CARDHOLDER'S SIGNATURE	
<input type="checkbox"/> BANK TRANSFER (accepted until 15 May 2005) in Euros to the ESC Registration Department			
Name of the bank: Banque Populaire de la Côte d'Azur (BPCA) Nice - France			
Bank code: 15607 - Branch code: 00065 - Account number: 69219167045 Bank identity: 34 - Swift code: CCBP FRPNCE			
IBAN code: FR76 1560 7000 6569 2191 6704 534 (IBAN code imperative for international bank transfer)			
Made through (name of your bank) Company's name			
Amount		Date.....(Please attach a copy of your bank transfer)	
<input type="checkbox"/> CHEQUE in EUROS made payable to the ESC Registration Department			
number		amount(enclosed)	
You will be able to pick up your badge only after receipt of payment.			

I hereby accept the Registration Conditions.

Date: Signature:

REGISTRATION CONDITIONS

GENERAL CONDITIONS

- Registration fees are based on date of receipt of the completed registration form and payment.
- Upon receipt of both a valid registration form and the payment, a registration confirmation will be sent by email.
- The deadline for pre-registration is **15 May 2005**. After this date, you will need to register on-site in Prague.
(The registration desk will be open from 08:00 on Sunday 26 June 2005)

ONLINE REGISTRATION

The ESC Online Services will open in **October 2004** on www.escardio.org for individual registration. Please either register online or return this form to the ESC Registration Department.

INVITATION LETTER

The official invitation letter will be available on www.escardio.org. This invitation is intended to help potential delegates raise travel funds or obtain a visa. Please note, however, that it is not a commitment on the part of the ESC to provide any financial support.

PAYMENTS (please bring a copy of your payment to the meeting)

All prices quoted are in Euros and payment in any other currency will not be accepted. Payments for fees must accompany all registration forms.

BY CREDIT CARD:

Visa - Eurocard/MasterCard - American Express

BY BANK TRANSFER:

It is essential that a copy of the stamped bank transfer details and a copy of the official completed registration form is faxed to the Registration Department in order to identify your bank transfer.

Please transfer funds to the ESC Registration Department:

Banque Populaire de la Côte d'Azur (BPCA), Nice - France

Bank code: 15607

Branch code: 00065

Account n°: 69219167045

Bank identity: 34

Swift code: CCBP FRPPNCE

IBAN code: FR76 1560 7000 6569 2191 6704 534 (IBAN code imperative for international bank transfer)

We request that you do not use the bank transfer facility after 15 May 2005, since it will not reach the ESC in time.

BY CHEQUE:

Please make the cheque payable to the ESC Registration Department in Euros.

CANCELLATION CONDITIONS/NAME CHANGES

Any cancellation or alterations to your registration must be notified in writing and will be subject to the following conditions:

- Refund of fee, less a 25% administrative charge will be applied to cancellations up to 15 May 2005
 - After 15 May 2005 no refund will be made (including cancellation of social events)
 - Name changes are accepted for a charge of 45 Euros.
 - After 15 May 2005 no name change will be accepted.
 - A fixed price of 35 Euros will be charged for the replacement of lost badges.
 - No-shows at the congress will be charged the full fee.
- Requests for reimbursements must be sent in writing. Refunds will only be processed until end of December 2005

Please do not hesitate to contact the ESC Registration Department at:

The European Society of Cardiology

2035 route des Colles - Les Templiers - BP 179

06903 Sophia Antipolis Cedex - France

Tel: +33 (0)4 92 94 76 12 - Fax: +33 (0)4 92 94 76 10

E-mail: EPregistration@escardio.org