



CIP2015

4TH GLOBAL CONGRESS FOR CONSENSUS IN PEDIATRICS & CHILD HEALTH

WWW.CIPEDIATRICS.ORG

MARCH 19-22, 2015 | BUDAPEST, HUNGARY

CIP 2015 - Registration Form

Online Registration Preferred: www.cipediatics.org

Mr. Mrs. Ms. Prof. Dr.

Family Name (please underline) / First Name, Initials

Hospital / Institute / Company

Department

Street, No

P.O. Box Postal Code / Zip Code

City

Continent County (and state where applicable)

E-mail

Telephone work Telephone home

Mobile Phone

Medical Specialty Fax

CIP 2015
 c/o Paragon Group
 18, Avenue Louis-Casai
 Tel: +41-22-5330-948
 Mail: Regisration@cipediatics.org
 1209 Geneva
 Switzerland

Registration Type	Early-Bird Registration Prior to January 22, 2015	From January 23, 2015 to March 4, 2015	Late Registration From March 5 And on-site	Amount
Full Participants	€ 410	€ 475	€ 545	<input type="text"/>
Full Participants (from Developing Countries)*	€ 250	€ 285	€ 330	<input type="text"/>
Allied health professionals**	€ 190	€ 235	€ 275	<input type="text"/>
Gala Dinner		€ 90		<input type="text"/>
Accompanying Person (optional)***		€ 150		<input type="text"/>

Accompanying Person

Name / First Name

Total Fees €

* Please, see the list of developing countries at the website: <http://www.cipediatics.org/>

** Non pediatrics health professionals, including nurses, students, residents etc.

*** Includes: Get together reception & 2 half day tours.

Registration fees include:

Scientific sessions, Congress publications, Coffee breaks and Get-together reception

Cancellation Policy

Refund of Registration Fees will be made as follows:

Up to 90 days prior to arrival-full refund less bank charges,

Up to 60 days prior to arrival-cancellation charge of €50,

Less than 60 days prior to arrival-no refund



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CIP 2015 - Accommodation Form

Online Registration Preferred: www.2015.cipediatics.org

HOTEL	SINGLE ROOM	DOUBLE ROOM
Corinthia Budapest Hotel	€ 150	€ 175

In case if you are booking a double room, please indicate the name of the person you share the room with: _____

* Early Reservation is highly recommended.

Date of Arrival: _____ Date of Departure: _____ No. of Nights: _____

Pre and Post conference accommodation

If you wish to reserve Pre and Post conference accommodation please indicate so. A confirmation of these dates will be sent to you separately upon availability of the hotel. Please note, the prices of the Pre and Post conference accommodation might be different from the conference rates.

* Rates for all the hotels are per room and per night, including breakfast and all taxes.

Cancellation / Refund Policy

A deposit of 50% of total amount must accompany all requests for accommodation.

Full payment for hotel must be completed prior to your arrival. With your signature you authorize Paragon Conventions to charge the above credit card for the balance of your account 4-6 weeks prior to your arrival for services ordered.

Refund of Accommodation fees will be made as follows:

- Up to January 2nd, 2015 - full refund less € 50 handling fee.
- From January 3rd until February 1st, 2015 - full refund less 1 night deposit
- From February 2nd until February 28th, 2015 - full refund less 2 nights' deposit
- From March 1st, 2015 - no refund.

In the event of non-arrival, reservation will be automatically released, and full payment will be non-refundable. If you arrive later or leave earlier than on the dates indicated on your reservation form, the total accommodation amount will be charged and no refunds will be made

Payment

The total amount will be paid as follows:

** Credit Card: Visa MasterCard American Express Diners

No _____ Date of expiration _____

CVV2 Code _____

Name as shown on Card: _____

Bank transfer: Paragon Group/CIP

Reference: CIP 2015. Account no: 0240-152574.60H, Iban: CH590024024015257460H, Swift: UBSWCHZH80A, Currency: EURO

Bank charges are the responsibility of the customer and should be paid at source in addition to the registration fees.

Payment via bank transfer is subject to receipt of confirmation from the bank

Bank transfers should be received no later than March 1st.

Comments: _____

Date: _____

Signature: _____