Registration & Housing Form



Deadline for reduced registration fees: April 15 2009

Register online at www.meetcongress.com

		er oritine at www	v.IIICC CCOIIg	;i C33,C01	ï	Phone +33 (0) 491 09 70 53 Fax +33 (0) 496 15 33 08
	ipant infor				I .	mcaboste@comnco.com
Title		□ Dr □ Mr □ Ms				www.meetcongress.com
Last Name	e	First Name				
	n/Company				Sponsor	
Sponsored	i by				Company	
Address_		(2000)			Contact Person	FASIER LEGG CARD
Post Code	E	City	Country		Address	WALLE BUSINESS CA
Phone		Fax	Mobile		ATTA	HIOON
Email					Email	
	Speciality	☐ Cardiologist☐ Industry Professional	RadiologistVascular Tech	n & Nurse	☐ Vascular Surged☐ Resident & Fello	
_	Registration	Fees (VAT 19,6% incl.)				
	Role: Attendee Abstract & Video Presenter Industry Pr				Professional	
					Before April	15 After April 15 & onsite
		Physician & other (first p	articipation)		700 €	800 €
		Industry professional, ISE	S member & Former	MEET attende	e 600 €	700 €
		Resident, Fellow, Nurse,	Technician, Video & A	Abstract presen	nter 400 €	500 €
		☐ Accompanying person (Incl. Lunches & Official Dinner)			120 €	150 €
		☐ Industrial professional without booth			1800	€ 2000 €
		☐ Journée Paramédicale Fr	rancophone (Samedi 2	20 Juin) 🔳	130 €	150 €
	Saturday Ju	ne 20: MEET Official Dini 60 € x (Nb. person)	ner			
_	Hotel Accor	nmodation (Prices including con	itinental breakfast)			
		Hotel	Category	Single	Double/Twin	Choices
		☐ Martinez Hotel*	Palace	263 € *	263 € *	(1: first, 2: second)
		☐ Le Grand Hotel Cannes	***	220 €	248 €	
		☐ Gray d'Albion	***	215 €	245 €	
		Mercure Croisette Beach H	Hotel ****	190 €	210 €	
		☐ Eden Hotel	***	160 €	170 €	
		☐ Hôtel de Paris	***	144€	165 €	
	Refund of fee: a 10% Name changes are rec	ed, complimentary on the Exhibition Hall for At administrative charge will be applied to cancella quested before June 6. After June 6 no name ch eded to confirm any hotel booking. The whole st	ations up May 23. After May 23 no anges will be accepted. No-show	o refund will be given (i s at the congress will be	e charged the full fee. Refun	al events). ds will be processed until end of September 2009.
	Booking De	tails				
		Arrival date		161	Number of nights L	
	_	Type of room: Single	☐ Double ☐ Twin	F	Rate per night —	
	Transport	☐ Please send me railways o	lissount vousbors (-1:	J	L	
	Total due	- Please send me railways c	iiscourit voucriers (vaii	a only on the Frenc	ch network)	
	Total due	distration 6 0	fficial Dinner	6.04	lotal Danosit	£ OUTO
	- Keş	gistration€ +□ 0	micial Diffier		□ 1 night □ whole st	
	Payment					
	□ by Credit Card □ Visa or □ Mastercard ■ No other card					
		Credit Card Number Expiration Date				
		Cardholder's Name 3 last numbers of the Cryptogram at the back of the card 5				
		(Your signature authorizes your credit card to be charged for the total payment due. We reserves the right to charge the correct amount if different from the total listed.) Cardholder's Signature				
		by Check enclosed (Please make check in Euro payable to Com & Co)				
		☐ by Bank Transfer	ficiary SARL COM 8	& CO		
		Bank	Banque Mar			
		IBAN		nan - 13006 Mar 9000 0434 020		
		IBAN	11/10 1330	FULL DATE OFF	, UIUI UUT	

BMMMFR2A - R.C.S Marseille B 308 365 576

Please return to:

Com&Co Michèle Caboste FINAL PROGRAM

9 boulevard Kabylie, 13016 Marseille, France