

1st European Congress on Paediatric Palliative Care

Rome, 28th – 30th of November 2012

Registration form

(Please print accurately and clearly)

Title _____ Surname: _____ First name(s): _____

Email address: _____ @ _____

Tel. Mobile: (+ _____) _____ Fax: (+ _____) _____

Primary professional role: _____ Position: _____

Main workplace/ Organization: _____

Department: _____

Address: _____

City: _____ State/County: _____

Country: _____ Zip/Postal Code: _____

Please indicate payment type:

Registration fees	Until June 30 th , 2012	From July 1 st , 2012 and onsite
Doctors, Psychologists	<input type="checkbox"/> € 250	<input type="checkbox"/> € 350
*Nurses, *Physiotherapists, *Other professions	<input type="checkbox"/> € 200	<input type="checkbox"/> € 300
Students, **Residents *Volunteers	<input type="checkbox"/> € 120	<input type="checkbox"/> € 150

- * Nurses, physiotherapists and other professionals are required to send proof of their professional status to the Congress Secretariat when registering.
- ** Residents/students, to support their application for the reduced rate, must send with their registration a signed document from their head of department on official letterhead.
- *** Volunteers, to support their application for the reduced rate, must send with their registration a signed document from the organization where they volunteer on official letterhead.

Fees for PARTICIPANTS include:

- Attendance to all scientific sessions
- Delegate's bag with printed Congress material
- Entrance to the Exhibition
- Coffee breaks and refreshments according to the program
- Opening Ceremony and 'Icebreaker' Reception on Wednesday 28th November, 2012

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PAYMENT

Registration fees must be paid only in Euro (€). Please send the receipt of payment together with your completed registration form to the Congress Secretariat.

By bank transfer: please remember to specify the name of the Congress and the participant on the bank transfer document. Make drafts payable to:

Account holder: Fondazione Lefebvre D'Ovidio Onlus

Account number: 060666

IBAN: IT46P0310403206000000060666

Bank: Deutsche Bank Spa

Branch: Agenzia G – Via degli Orti della Farnesina 213 – 00135 Roma

By credit card: credit card payment can only be made through the online congress registration page.

Important: All bank charges are the responsibility of the participant and should be paid in addition to the registration fees. If payment is made by a company or for more than one person, please make sure all names are indicated. In order to benefit from the reduced registration fee, the completed registration form together with the relevant payment must be received by **June 30th 2012**. Thereafter the registration fees will increase as published.

CONFIRMATION

As soon as the Secretariat has received the complete registration form and the required payment, a written confirmation will be sent by e-mail. For any queries regarding registration please write to: **ecppc@maruzza.org**

REGISTRATION CANCELLATION POLICY

- Prior to June 30, 2012- Full refund less €35 handling fees
- From July 1, 2012 until October 15, 2012 - 50% refund
- From October 16, 2012 – No refund

All communications must be faxed, electronically mailed or post-marked to:

1st European Congress on Paediatric Palliative Care

Congress Secretariat

Fondazione Maruzza Lefebvre D'Ovidio

Via del Nuoto, 11

00135 - Rome

Italy

Tel: (+39) 06 3290609

Fax: (+39) 06 36292743

Email: ecppc@maruzza.org

Website: www.maruzza.org

Signature: _____

Date ____/____/____

SEND TO CONGRESS SECRETARIAT