R egistration & large form 2nd International Meeting on Aortic Disease
New insights into an old problem CHU Liège, FAD, APF
September 30 & October 1-2 2019, Liege, Welgners

& housing form

Pre-registration before September 17, 2010 Quick & secure registration: www.chuliege-imaa.be

Please return to Com&Co

9, boulevard Kabylie – 13016 Marseille – France Phone +33 (0) 491 09 70 53 – Fax +33 (0) 496 15 33 08 mcaboste@comnco.com

Participant information
Title: ☐ Prof ☐ Dr ☐ Mr ☐ Ms
Last Name
First Name
Institution / Company
Address
Post Code City
Country
Mobile
Phone Fax
E-mail
Sponsored by
Contact
Address
Post Code City
CountryCASIER!
Mobile Fax
Phone Fax
E-mail
Region
■ Europe ■ Africa ■ Asia ■ Oceania ■ Middle East
☐ South America ☐ North America
Speciality
☐ Cardiovascular or Thoracic Surgeon ☐ Anaesthesiologist
 □ Cardiologist □ Radiologist □ Genetician □ Fundamental researcher □ Perfusionnist or Nurse □ Student □ Industry Professional
Other

Please fax back both s	ides	of th	e form	
Registration fees (VAT 21% incl.)	Befor	■ Before July 15 ■ After July 15		
 Physician, Industrial professional 	350 € 150 € 1 500 €		& onsite 450 €	
Resident*, Fellow*, Nurse*, Technician*			200€	
Abstract or Poster presenter Industry professional without booth A confirmation letter will be asked.			2 000 €	
Social event				
IMAD Official Gala dinner (Friday, october	er 1): 50 €	€ x	(Nb. person)	
Hotel accommodation (prices including continental breakfast)				
	Single	Double / Twin	Choice hotel 1 = first 2 = second	
☐ 1. Holiday Inn Liège Palais des Congrès****	149€	165€		
2. Mercure Liège Centre****	129€	145 €		
3. Hôtel Ibis Liège Centre Opéra***	99€	113€		
4. Ramada Plaza Liège City Center****	96€	123 €		
August 27, no refund will be given (including cancellation of registration & social event). Name changes are requested before September 20. After September 20 no name changes will be accepted. No-shows at the congress will be charged the full fee. Refunds will be processed until end of December 2010. One night deposit is needed to confirm any hotel booking. The whole stay has to be paid before August 27 to avoid cancellation of reservation.				
Booking details				
Arrival date Type of room: Single Double Twin				
Departure date $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				
Total due				
Registration€ IMAD Official Gala dinner€ Hotel deposit€ (□ 1 night □ whole stay)				
T0TAL€				
Payment by: ☐ Credit Card ☐ Visa ☐ Mastercard (n	o other car	rd)		
Credit Card Number				
3 last numbers at the back of the card	Expiration Da	ate LLL		
Cardholder's Name	Your sin	nature authorize	es your credit card to be	
Cardholder's Signature	charged right to the total	for the total payr charge the corre	nent due. We reserve the ct amount if different from	
Bank Transfer to Com&Co SARL Bank Banque Martin Maurel • 43, rue Grignan – 13006 Marseille, France FR 76 1336 9000 0434 0207 0101 854 BIC BMMMFR2A – RCS Marseille B 308 365 576 To be filled up on both sides.				