REGISTRATION & HOUSING FORM

Pre-registration before January 3, 2020

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CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

ONLINE REGISTRATION INSCRIPTIONS EN LIGNE

WWW.CACVS.ORG

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PARTICIPANT INF	ORMATION			
First Name	Mr Ms y City Fax	Contact Address Post Code Country Phone Fax Mobile	CH YOUR F	ty IER! 3USINESS CARD!
SPECIALITY				
□ Vascular surgeon□ Cardiologist□ Resident & fellow	Cardiac surgeonPhlebologistAngiologist	Thoracic surIndustry proOther	_	Radiologist Vascular technician & nurse
INDIVIDUAL REGISTRATION FEES (VAT 20%) Before October 31 From October 31				
For group reservation at preferential rates, contact Lucile Generaux: Igeneraux@divine-id.com Group cancellation policy, available on the website, supersedes general cancellation policy. Group reservation applies to more than one participant.	Congress including Veno Physicians & healthcare procession of the Physic	profession & Vascular a professionals including V professionals ents & ePoster presenters r training program director on sponsor 3 days muary 25) professionals	access session OD 2019 620 € 570 € 385 € 330 € 1 700 €	(January 23, 24, 25) 720 € 670 € 500 € 430 € 2100 € 225 € 700 €
HOTEL ACCOMMODATION (Prices include breakfast and 10% VAT) Single Double				
Cancellation & refunds: divine [id] must be notified of any cancellations in writing. Cancellation before November 29: refund less 10% (administrative charge). Cancellation from January 1: no refund will be given. Name changes are requested before January 3. After January 4, no name changes will be accepted. No-Shows at the congress will be charged the full fee. Refunds will be processed after the congress by the end of March 2020.	■ Marriott Rive Gauche** 17, boulevard Saint-Jacques, 75014	*** Stand	ard 211 €	€ 223 €
		rture date		on of reservation. ingle Double Twin
TOTAL DUE Registration € + Hotel □ 1 night deposit □ whole stay € = €				
** Your signature authorizes your credit card to be charged for the total payment due.	Credit Card Visa Maste Credit Card Number Expiration date Cardholder's Name Check enclosed Please make che Bank Transfer Beneficiary Bank Bar BAN FR	ercard (no other card)	ecurity code* LL s Signature** 	