PCR
london valves

28th - 30th September 2014
Queen Elizabeth II Conference Centre

Individual registration

To be returned to: EUROPA ORGANISATION
19, allées Jean Jaurès – BP 61508– 31015 Toulouse cedex 06 – France
Fax: +33 (0)5 61 42 00 09 – Email: pcrlondonvalves@europa-organisation.com

PARTICIPANT'S INFORMATION (Please type in capital letters)

Registration fee includes access to all scientific sessions and the exhibition area.

☐ Mr ☐ Mrs ☐ Dr ☐ Pr

Last name (Family name) _____ First name (Given name) _____

Email (mandatory) _____ CC Email _____

Institution/Hospital _____ Country _____

Your specialisation (compulsory)

☐ Interventional cardiologist / Cardiologist	☐ Cardiac surgeon	☐ Other physician	☐ Financial analyst
☐ Interventional radiologist / Radiologist	☐ Anaesthesiologist	☐ Nurse / Technician	☐ Industry / R&D
☐ Vascular surgeon	☐ Imaging / Echography physician	☐ Clinical researcher	

REGISTRATION FEES

	Until 22nd September	From 23rd September and on-site
Medical staff*	❑ 790€	❑ 860€
Industry representative without a booth*	❑ 790€	❑ 860€
Exhibitor badge (exhibiting company's staff only)*	❑ 385€	❑ 860€
Pre-Course THE Sunday Imaging Day only	❑ 100€	❑ 100€

*These registration fees also include the Pre-Course : THE Sunday Imaging Day

INVOICING DETAILS

Last name _____ First name _____

Company name or name for invoicing _____

Address _____

Zip Code _____ City _____ Country _____

Email (mandatory) _____ PO number and/or VAT number (when applicable) _____

REGISTRATION AND CANCELLATION POLICY

Issued invoices are due.

Cancellations must be made in writing and are subject to the following conditions:

– Until 18th August, 2014: refund minus 90€ (for administration fee)

– No refund will be made after 18th August, 2014

– Name changes (for the same type of registration only): free of charge. Not possible on-site.

The Organising Committee cannot be held reponsible for double registration. In case of double registration, cancellation policy will apply.

PAYMENT (Free of any bank charges)

☐ **By bank card**

I, the undersigned _____, authorise Europa Organisation to charge the amount of
(cardholder's name)

_____ € on my credit card:

☐ Visa / MasterCard (free of charge) ☐ American Express (3% tax will be added to any payment by American Express)

N° |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiry date |_|_|_|_| (Month / Year) N° |_|_|_| Cardholder's signature:
Note the last 3 figures of the number on the reverse side of your card for Visa and MasterCard

Date: _____ Signature:

Please sign and date this form, even if you do not pay by credit card and keep a copy of this document.

☐ **By Bank transfer**

Be sure to complete the Invoicing details box above.
We will send you an invoice with our bank details. After receiving this invoice, you must send us your bank's confirmation of the transfer within one week.
Bank transfers are only possible until 16th September, 2014.