REGISTRATION FORM

IPIC2015
INTERNATIONAL PRIMARY IMMUNODEFICIENCIES CONGRESS

BUDAPEST, HUNGARY
5th to 6th November 2015

REGISTRATION INFORMATION
For immediate registration, register online at http://www.ipic2015.com
As an alternative, please fill and return this registration form to the Organizing Secretariat:
AIM Group International – Lisbon Office
Av. Liberdade, 258 – 6°
1250-149 Lisboa – Portugal
Phone:+351 21 324 5055/62–Fax:+351 21 324 5051
e-mail: ipic2015@aimgroup.eu
Faxed forms are considered originals; DO NOT mail a duplicate copy.

REGISTRATION FEES
Registration will be processed only if accompanied by total payment. All fees are requested in EUROS.

Delegate fee includes:
- Access to all congress sessions
- Congress Lunches & Coffees
- Cocktail reception
- Congress documentation and bag/folder
- Networking Opportunities

Accompanying Person Fee includes:
Welcome Cocktail, Nov. 4th

The deadline for pre-registration is October 23rd 2015. After this date new registrations will only be accepted onsite at the congress venue.

CANCELLATION POLICY
Notification of cancellation must be sent in writing to the Organizing Secretariat.
Refunds for cancellation will be as follows:
- Cancellations sent **until July 4th:** Full refund less € 25.00 handling fee
- Cancellations **from July 4th to September 4th**: 50% refund

No refunds will be made for cancellations received after this date. All approved refunds will be processed and issued 60 days after the Congress.

PRIVACY LAW
In compliance with the Portuguese Law 67/98 regarding personal data protection, AIM Group International hereby informs that the information here given will solely be managed internally and used exclusively for the purpose of communication within the scope of the congress activities such as scientific and social. By filling in this form you authorize AIM Group International to use the given personal data for the above mentioned purpose. You have the right to modify or cancel the data here given. Should you wish to do so please contact the congress secretariat:
AIM PORTUGAL Lda, Av. Liberdade, 258 – 6°, 1250-149 Lisboa – Portugal
I authorize the treatment and communication of my personal data as described above.

Date
_____

Signature
_____

Personal Details (Please use CAPITAL letters)

Title/Degree | Last Name/Family Name | First Name/Given Name

Address | City

Region/Province/State ☐ Home ☐ Work | Zip Code | Country

Telephone /Business | Telephone/Home | Fax Number

e-mail (Required - All Congress information will be sent via email) | Mobile

Professional Details

Institution/Organisation

Position | Speciality | Department

Invoice Details (mandatory)

Company's Name/Individual Name

Address | City

Region/Province/State | Zip Code | Country

Fiscal Code | VAT Number

Congress Fees

Please check the appropriate fee.

REGISTRATION	Early Bird Until July 17th 2015	Regular From 18th July to 23rd October 2015	On site Fee
Medical/Other	€ 250,00 ☐	€ 300,00 ☐	€ 350,00 ☐
Patient (NMO representatives)/Nurses	€ 150,00 ☐	€ 200,00 ☐	€250,00 ☐
Industry	€ 700,00 ☐	€ 800,00 ☐	€ 900,00 ☐
Accompanying Person	€ 35,00 ☐	€ 35,00 ☐	€ 35,00 ☐

SOCIAL PROGRAMME
CONGRESS DINNER – Danube River Cruise, Thursday, November 5th

€ 80,00 per person ☐	N. of Persons: ____	Total Dinner : €____,___

TOTAL AMOUNT
Please indicate the total amount of your registration and/or Social Programme and check next page for payment methods.

Date _____ Signature _____

IPIC2015
INTERNATIONAL PRIMARY IMMUNODEFICIENCIES CONGRESS

REGISTRATION FORM
PAYMENT

BUDAPEST, HUNGARY
5th to 6th November 2013

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Date
_____

Signature
_____

Full payment must accompany this form. Payment must be done in EUROS. PAY by one of the following methods:

Credit Card ☐ VISA® ☐ MasterCard®/ EuroCard® ☐ American Express®

Credit Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiry Date: MONTH/YEAR |__|__|/|__|__| SECURITY CODE (CW2/CVC2*) |__|__|__|__|

*Security code: last three figures appearing on the back of the card, in the signature space

Cardholder's Name _____ Cardholder's Contacts

_____

Authorized Signature _____

Bank Transfer Please transfer the payment to **AIM Portugal Lda**

Account number: 000331773427020 Bank Name: BANCO SANTANDER

Bank Adress: Rua da Mesquita, 6 Centro Totta A7A, Lisboa SWIFT /BIC Code: TOTAPTPL

IBAN: PT50 0018 000331773427020 58

Note: This payment form should clearly state the names(s) of the delegate(s) and should clearly state "**IPIC2015**".

Please enclose herewith copy of bank receipt.

Online Payment Check the congress website http://www.ipic2015.com and click for the "online" registration form. Payment by credit card is available under the security certificate mode "VeriSign" and "SSB".

Date _____ Signature _____