

25th-28th May, 2010

**Quick and secure registration:**  
**www.europcr.com**

## PARTICIPANT (Please type in capital letters)

Mr  Mrs  Ms \_\_\_\_\_  
Last name (Family name) First name (Given name)

Company/Hospital/Institute \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail (compulsory) \_\_\_\_\_  
*(Please include international dialling codes)*

Region  
 Europe  Africa  Asia  North America  
 Oceania  Middle East  South America

Your specialisation (compulsory)  
 Interventional cardiologist / Cardiologist  Cardiac surgeon  Researcher  
 Interventional radiologist / Radiologist  Other physician  Financial analyst  
 Vascular surgeon  Nurse and Technician  Industrial / Exhibitor

## EAPCI (EuroPCR, the official Congress of the European Association of Percutaneous Cardiovascular Interventions)

Yes, I would like to become an EAPCI member  I am already a member  No thanks, I am not interested

## PRE-REGISTRATION FEES

Package includes: access to all scientific sessions, the exhibition area, and one-year subscription to EuroIntervention Journal from 25th May, 2010 to 16th May, 2011.

	Before 17th April	After 17th April	On-site
Physician or Industrial without a booth	<input type="checkbox"/> 990 € VAT incl.	<input type="checkbox"/> 1090 € VAT incl.	<input type="checkbox"/> 1190 € VAT incl.
Nurse, Technician (justification required)	<input type="checkbox"/> 700 € VAT incl.	<input type="checkbox"/> 800 € VAT incl.	<input type="checkbox"/> 1190 € VAT incl.
Resident (justification required)	<input type="checkbox"/> 700 € VAT incl.	<input type="checkbox"/> 800 € VAT incl.	<input type="checkbox"/> 1190 € VAT incl.
Exhibitor _____ <i>Indicate name and number of the booth (compulsory)</i>	<input type="checkbox"/> 690 € VAT incl.	<input type="checkbox"/> 790 € VAT incl.	<input type="checkbox"/> 1190 € VAT incl.

I would like to receive an Air France rebate voucher  
 I would like to receive a SNCF rebate voucher (French railways only)

*For further information, please refer to the general information page*

## METHOD OF PAYMENT (pre-registration is not valid without full payment)

I hereby forward the amount of \_\_\_\_\_ €

Credit card  
 American Express  Visa / Eurocard / MasterCard  Diners

I, the undersigned \_\_\_\_\_  
*(Cardholder's name) (Cardholder's address)*

\_\_\_\_\_ *(Passport number)*

authorise Europa Organisation to debit the sum of \_\_\_\_\_ € on my credit card.

\_\_\_\_\_ *Card number* \_\_\_\_\_ *Exp. date (month/year)* \_\_\_\_\_ *Note the last 3 (for CB) and 4 (for Amex) figures of the number on the reverse side of your card*

\_\_\_\_\_ *Date* \_\_\_\_\_ *Cardholder's signature:*

## CANCELLATIONS AND MODIFICATIONS

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

- Until 25th March, 2010: refund minus 150 € - After 25th March, 2010: 50% refund - No refund will be made after 26th April, 2010.
- **All name changes after 25th April, 2010 will be invoiced: 50 euros VAT Incl.**

## MAIL OR FAX PRE-REGISTRATION FORM (before 25th April, 2010)

**Send to:** Europa Organisation  
 5, rue saint-Pantaléon - B.P. 61508  
 31015 Toulouse cedex 06 - France  
**Fax: +33 5 34 45 26 46**  
**Email: europocr@europa-organisation.com**

**Incomplete forms or forms without payment will not be processed**