



# REGISTRATION FORM

## IPEG'S 17<sup>TH</sup> ANNUAL CONGRESS for Endosurgery in Children

June 12-15, 2008 • Cannes, France

*Early Bird Deadline*  
**May 2, 2008**

Prefix:  Dr.  Mr.  Ms.  Mrs.  Miss  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (including Country code): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### REGISTRATION FEE & SCHEDULE – Please indicate the Courses & Events you plan to attend below.

Confirmation of registration will be sent within 15 days of receipt of registration. No Confirmations will be sent after May 30, 2008.

**Registration:** – Includes entrance to the IPEG Scientific sessions on Friday, Saturday, and Sunday, entrance to the exhibit hall & welcome reception, general session breaks, and Main event. If you have reserved lodging at Palais Stephanie, your rate includes breakfast, which is served every morning at Le Scala Restaurant located within the hotel. Payment in full must accompany registration form. Meeting registration is available in advance of the meeting through **May 30, 2008**. After **May 30, 2008**, attendees must register on-site. On-site registration is subject to an additional charge of US \$100.

Please direct questions concerning registration to the Meeting Registrar at +310-437-0553, ext. 128 or registration@ipeg.org.

Member	Surgeon Non-member	SIT Member	SIT Non-Member	Allied Health Member	Allied Health Non-Member	TOTAL <small>*See Applicable Fee</small>
US \$390	US \$575	US \$175	US \$295	US \$195	US \$295	\$
<b>IPEG Bariatric Post Graduate Course</b>						
Wednesday, June 12, 2008, 1:00 pm – 4:00 pm					US \$225	\$
<b>Guest Registration (Includes Welcome Reception &amp; Main Event)</b>						
First/Given Name:		Last/Family Name:			# ____ x US \$150	\$
First/Given Name:		Last/Family Name:				\$
<b>ADDITIONAL SOCIAL EVENT TICKETS:</b>						
IPEG's Main Event (1 ticket already included with paid registrant and guest)					# ____ x US \$110	\$
<b>There is no hosted lunch. However, lunch boxes will be made available and tickets may be purchased in advance.</b>						
Friday Lunch Box (1 ticket per person per day)		<input type="checkbox"/> Vegetarian (Check box if applicable)			# ____ x US \$40	\$
Saturday Lunch Box (1 ticket per person per day)		<input type="checkbox"/> Vegetarian (Check box if applicable)			# ____ x US \$40	\$
<b>LATE FEES:</b>						
After May 2, 2008 and before May 31, 2008					US \$75	\$
On-Site					US \$100	\$
<b>GRAND TOTAL</b>						<b>\$</b>

### PAYMENT INFORMATION

The following information is required to process your registration. All credit card charges will be made in US dollars. Make checks payable to IPEG. Checks will be accepted in U.S funds only.

Charge the total amount of \$\_\_\_\_\_ to:  Amex  MasterCard  Visa  Check

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CVC II/Security Code (three last digits on back of card): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Date of signing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature of card owner: \_\_\_\_\_

Cancellations must be submitted in writing before May 30, 2008 to receive a refund minus a US \$75 administrative fee. Refunds will not be granted after May 30, 2008. Refunds will not be given for no-shows after the conference, IPEG Bariatric Course and Main Event.



ACCOMMODATION BOOKING FORM  
FORMULAIRE DE RÉSERVATION DE CHAMBRES

**IPEG'S 17<sup>TH</sup> ANNUAL CONGRESS for Endosurgery in Children**  
June 12-15, 2008 + Cannes, France

First Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (including Country code): \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accompanying Person(s) First Name: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

**HOTEL RESERVATION**

Room Type	No. of Rooms	Arrival Date (M/D/Y)	Departure Date (M/D/Y)	No. of Nights
<input type="checkbox"/> <b>Single Room</b> 260 euros a night/par nuit				
<input type="checkbox"/> <b>Double Room</b> 290 euros a night/par nuit				
<input type="checkbox"/> <b>Suite Supplement</b> 135 euros a night/par nuit				

*The Breakfast, served at the Restaurant La Scala and the city tax are included.  
In order to secure the room reservation, would you please fill out the following?*

Cardholder's Name: \_\_\_\_\_

I authorize the Hotel to charge the following card number for this booking:

Visa     Euro/Master Card     American Express     Diner's

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_ CVC II code (three last digits on back of card): \_\_\_\_\_

Date of signing: \_\_\_ / \_\_\_ / \_\_\_ Signature of card owner: \_\_\_\_\_

**CONDITIONS OF RESERVATION**

- + Rate will only be guaranteed until 3 days prior to arrival
- + After this date rooms will be sold subject to availability.
- + All bedrooms reservation have to guaranteed by a credit card number.
- + For cancellation between 5 days and the day of arrival, the room will be charged for one night to the participant's credit card.
- + All changes or/and cancellation must be sent to the Palais Stephanie exclusively.
- + If the participant no-shows on the first night of the event and in case of early departure, the room will be charged on his credit card for the one night and the reservation will be cancelled for the rest of the stay.
- + The Hotel will send you a confirmation number in writing to the fax number above-mentioned or by e-mail.

*Early Housing Deadline*  
**April 23, 2008**

**Part to be filled by the Reservations Department / Champs Réservé à la Réservation**

Confirmation Number / Numéro de Confirmation: \_\_\_\_\_

Date/Date : \_\_\_\_\_ Signature/Signature : \_\_\_\_\_

**Please remit to: Palais Stéphanie managed by Sofitel 50, Bld de La Croisette BP224 06414 Cannes Cedex**  
Tel: + 33 4 92 99 7000 Fax: + 33 4 92 99 7011 E-mail: H6841-RE1@accor.com