

# Registration Form

Last Name .....  
First Name .....  
Private address / Institution .....  
Postal Code ..... City ..... Country .....  
Telephone ..... Fax .....  
Email .....

Under the data protection Act 15/99, we inform you that your personal data will be added to the **McCann Erickson, SA** database for promotional and other uses during the Congress. By filling in this application form, you authorize McCann Erickson, SA to use your personal data for the mentioned purposes. To exercise your right to access to, rectification and cancellation of this information, contact the Congress Secretariat.

## Registration

	Prior to 31-12-2018	After 31-12-2018
Members	<input type="checkbox"/> 350 Euros	<input type="checkbox"/> 400 Euros
Non members	<input type="checkbox"/> 450 Euros	<input type="checkbox"/> 500 Euros
Residents*	<input type="checkbox"/> 200 Euros	<input type="checkbox"/> 250 Euros
One day fee Members	<input type="checkbox"/> 190 Euros	<input type="checkbox"/> 215 Euros
One day fee Non Members	<input type="checkbox"/> 240 Euros	<input type="checkbox"/> 265 Euros

\*\*Please specify the day  Thursday 7th  Friday 8th

\*A letter signed by the Institution responsible is required to get this fee.

Members of:

- CIBERES
- GSA
- SEMICYUC
- ERS
- ICHS
- SOCMIC
- ESA
- ISF
- WAAAR
- ESCMID
- SEIMC
- WFSICCM

The registration fees includes:

- Attendance to the Scientific Program and the Commercial Exhibition
- Conference Documents
- Certificate of Attendance
- Coffee Breaks

**McCANN**  
BARCELONA

Av. Diagonal, 662-664, 1ºB  
08034 Barcelona, Spain

info.infections@mccann.es  
www.infections-online.es

## Dates

February, 7th-8th, 2019

## Symposium Technical Secretariat

Av. Diagonal, 662-664, 1ºB  
08034 Barcelona, Spain  
Tel. +34 932 52 04 00  
info.infections@mccann.es  
www.infections-online.es

## Conference Centre

Hotel NH Collection Sevilla  
Avda. Diego Martínez Barrio, 8  
41013 Seville (Spain)  
Tel. +34 954 54 85 00  
nhcollectionsevilla@nh-hotels.com

## Payment

TOTAL AMOUNT .....

I enclose a cheque in Euros payable to McCann

Cheque No. ....

Bank .....

Cheque amount ..... Euros

Credit card

Card No.

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Cardholder's name .....

Expiry date

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Month

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Year

X
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I authorize McCann to charge  
the amount of ..... Euros

Cardholder's signature  
Essential for payment by credit card

## Cancellation policy

Cancellations must be sent in written to the Technical Secretariat. Before January 7<sup>th</sup> an administration fee of 30 euros will be debited as management expenses. No fees will be refunded after this date. The participant acknowledges that he/she has no right to lodge damage claims against the organizers should the holding of the Congress be hindered or prevented by unexpected, political or economic events or generally by force majeure, or should the nonappearance of speakers or others reasons necessitate programme changes. With reservation, the participant accepts this proviso.

Please, return the completed form to the following e-mail:  
info.infections@mccann.es