REGISTRATION FORM

Register on line at www.madridiconference.com or complete this Registration Form (keep a copy for your file) and return it to the Secretariat:

Bn&Co Congress Management
Paseo de la Castellana 179 – 5° B1
28046 Madrid (Spain)
Phone 34 91 571 93 90 • Fax 34 91 571 92 06

Last Name _____ First Name _____

Department _____

Institute/Hospital _____

Hospital Address _____ Postal Code _____

City _____ Country _____

Telephone _____ Telefax _____ E-mail _____

Please quote your company VAT no. or personal passport no.
(Company CIF or NIF for Spain) for invoice purposes _____

REGISTRATION FEES

	Before January 15th 2006	From January 15th to March 14th 2006	From March 15th and on site Registration
Surgeons	700 €	900 €	1100 €
Residents*	450 €	550 €	700 €

Taxes included
*Residents and Fellows must provide a letter of verification signed by the Program Director or Chairman of the Department.

Congress Broadcast Registration: This registration is only available for Qualified Institutions and Departments. For further information about Terms and Conditions please contact the Conference Secretariat.

Cancellations: Before March 15th, refund of all fees except 15% of handling fee. No refunds can be made if notice of cancellation is received after this date. All refunds will be made after the conference.

Registration fee includes: Admission to the conference, documents, coffee and lunch throughout the Conference and Cocktail Reception.

	Fee	N° of Persons	Total
Gala Dinner:	100 € ☐	☐	_____ €

Activities: On Wednesday 29th of March, the I Plastic Surgery Ryder Cup Golf Tournament will take place. More information about this event will be provided to those interested by contacting the Conference Secretariat (j.valdes@bnyco.com).

PAYMENT

Payments should be made in Euros to: **Fundación ADCPR**

• By bank transfer to: Banco Bilbao Vizcaya Argentaria

Account no. 0182 5667 5702 0150 7331

SWIFT: BBVAESMM

IBAN: ES42

Bank Address: P. Castellana, 81. 28046 Madrid, Spain

(Please enclose copy of payment with your registration form)

• By card: _____ Eurocard _____ Master Card _____ Visa _____ American Express _____

Card no. _____ Cardholder's name _____

Expire date _____ Security Code (3 last numbers on the back side of the card) _____ Signature _____