4th International Consultation on Incontinence

5 - 8 July 2008, Palais des Congrès – Porte Maillot, Paris, France.

– REGISTRATION FORM –

Family Name	……	First name	…… Prof. / Dr. / Mrs. / Mr.
Institution	……	Department	……
Mailing address	……	Postal Code	……
City	……	Country	……
Phone	……	Fax	……
		Email	……

A. CONFERENCE REGISTRATION	Early Fee Before 15 May 2008	Late/On-Site As from 15 May 2008	Total:
Full Registration Fee	**€ 800,00 ***	**€ 900,00 ***	€

** The Registration Fee includes: Program materials, Book of Abstracts, Welcome Cocktail (accompanying person welcome), Breakfast, Coffee/tea, Lunches. Proceedings book (CD-Rom) will be sent to you at no cost when published.*

B. SOCIAL PROGRAM		Total:
Conference Dinner – Monday 7 July 2008	… persons x € 110,00	€

GRAND TOTAL	A. Conference Registration + B. Social Program:	€

GENERAL TERMS & CONDITIONS AND CANCELLATION

- The above mentioned rates are only applicable if payment has been received by the Registration Office ultimately on the indicated dates (see A).
- Registrations will be confirmed by regular mail after receipt of the required full payment. In order to avoid any confusion due to mail or bank delays advance registrations will close on 20 June 2008. As from this day registrations can be made on-site only at the conference from 5 to 8 July 2008
- Cancellations must be notified in writing (letter, fax, e-mail) to the Registration Office. 20% of the total fee will be deducted if cancelled before 25 May 2008. If cancelled between 25 May 2008 and 15 June 2008, 50% of the fees will be deducted. No refunds after 15 June 2008.
- Please note that all refunds/reimbursements will be handled after the conference.
- In registering for the conference the participants agree that neither the Organization nor the ICI Conference Office nor the ICI Registration Office (Status Plus Conferences) nor the Organizing Committee or any of their Officers, Agents, Employees or Representatives assume any liability whatsoever.
- Participants are strongly advised to organize their own travel-, health- and cancellation insurance in the unfortunate case that you will have to cancel the conference participation and/or travel and/or hotel accommodation because of illness or other (personal) circumstances. Please consult your insurance broker.
- Payments are to be made in Euro (EUR) only by bank (free of bank charges) or by credit card (Visa, Eurocard / Mastercard, American Express). Bank charges will be deducted from the total payment received. After the receipt of your payment a confirmation letter and invoice concerning your registration will be sent to your mailing address.
- Please keep a copy of this registration form for your personal file.

I, the undersigned, have read and am aware of the general conditions mentioned above and agree to the conditions concerning registration, hotel reservation, payments, cancellation, refunds and all supporting documentation. All above prices may change without prior notice.

Date _____ **Signature** _____

METHOD of PAYMENT (✓ Please tick)

Please note that payments will be collected by the ICI Registration Office "Status Plus Conferences" in Maarn, The Netherlands as will appear on your bank statement/credit card statement.

☐ Please charge my ☐ EURO/MASTERCARD ☐ VISA ☐ American Express

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ (card number (max. 16 digits)) CVC (3 digits): _ _ _ Expiry date: _ _/_ _ (month) / (year)

Name cardholder: _____ Signature cardholder _____

☐ Payment by Swift Bank Transfer of the Grand Total of € _____ into bank account # 50.96.60.606 (IBAN: NL47ABNA0509660606) with the ABN-AMRO Bank (BIC: ABNANL2A), Zeist, the Netherlands naming "Stichting Derdengelden Status Plus B.V.", PO Box 97, 3950 AB Maarn, The Netherlands as the beneficiary of this bank account. **Please indicate "ICI 2008" and clearly state your name.**

Please complete this registration form and return by MAIL or by FAX to the ICI Registration Office:
Status Plus Conferences - PO Box 97 - 3950 AB Maarn - The Netherlands - fax: +31-343-442 043 - info@statusplus.nl

Address for further information: Pr Saad KHOURY M.D., Clinique Urologique
Hôpital de la Pitié – 83, Boulevard de l'Hôpital – 75634 PARIS Cedex 13, France
Tel: +33 - 1 42 17 71 20 – Fax: +33 - 1 42 17 71 22 – E-mail: consulturo@aol.com