

**ECCR REGISTRATION FORM: 14<sup>th</sup> – 16<sup>th</sup> Oct 2016, Garda, Italy**Delegates wishing to register **ONLINE** should go to [www.eccr.org](http://www.eccr.org)

Last/Family Name\*: ..... First Names\*: .....

Prof/Dr/Mrs/Miss etc\*: .....  Male  Female

Speciality: ..... Grade: .....

Organisation\*: .....

Work Address\*: .....

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.....

Post Code: ..... E-mail\*: .....

**(It is important that you include an e-mail address so that notification can be sent to you when final details are available on-line)**

Business Tel. No\*: ..... Fax No: .....

\*Mandatory fields

Registration fee includes access to all scientific sessions, conference materials, and **accommodation/meals** (as shown below).

Please note that we are unable to offer a reduced fee for delegates who do not require accommodation or all meals. Please

further note that student registration includes accommodation in an apartment shared by two.

Registration Fee		Please tick (✓) the relevant box and complete payment section	
Note: To qualify for the ECCR Member rate you should have completed a Membership Application Form and received confirmation from the ECCR Executive committee			
			Payment
<input type="checkbox"/> ECCR Member	€700	€	
<input type="checkbox"/> ECCR Non-Member	€900	€	
<input type="checkbox"/> Student	€600	€	

Requirements	Please tick (✓) relevant box	Thursday 13 <sup>th</sup> Oct	Friday 14 <sup>th</sup> Oct	Saturday 15 <sup>th</sup> Oct
I will require dinner on:		N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will require a double room on:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will require a twin room on: <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dietary Requirements:  Vegetarian  Vegan  Nut Allergy  Halal  Gluten Free  Other (Please state)Sharing:  
Please indicate the name of the colleague you wish to share with .....Access needs  (please specify, e.g. wheelchair user, mobility difficulties, hearing impaired etc) .....

Abstract Number (if applicable) .....

**Additional accommodation - nights before / after the conference**

Requirements	Please tick (✓) relevant box	Wednesday 12 <sup>th</sup> Oct	Sunday 16 <sup>th</sup> Oct
Double room *€60.00		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Twin room *€40.00 per person <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special requirements <input type="checkbox"/> (please specify) .....			

**\*Please note the above rates include Bed and Breakfast only**

## ECCR 2016 – Accompanying Person

Last/Family Name\*: ..... First Names\*: .....

Prof/Dr/Mrs/Miss etc\*: .....  Male  Female

**IMPORTANT NOTE: Please read carefully before completing your reservation request**

Delegates who are considering bringing their partners and/or families should note the following important information:

Poiano is a venue surrounded by 60 hectares of Mediterranean greenery, and is 40 minutes from Verona Airport.

Rooms can accommodate a **maximum of two adults** and two children. The child rate applies to those aged between 7 and 16 years old. There is no room charge for children under 6 years. Children over 16 years must pay the full adult rate. Unless otherwise stated, the rates detailed below include bed and breakfast. Please complete the relevant section(s) below, for guests during the conference and/or supplementary nights.

Please note that we are unable to offer a reduced fee for guests who do not require accommodation or all meals.

Full payment is required in advance in order to make reservations. Room availability, rates and catering cannot be guaranteed.

Should you have any queries please contact the Secretariat on +44 (0) 1920 885164

Requirements	Please tick (☐) relevant box	<b>Thursday 13th Oct</b>	<b>Friday 14<sup>th</sup> Oct</b>	<b>Saturday 15<sup>th</sup> Oct</b>
<b>Adult Twin Room</b> *€190 <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adult Double Room</b> *€165 <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Double Room (7-16yrs)</b> *€75		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Infant (Complimentary)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please note that the above rates include Bed and Breakfast for 3 x nights and dinner for 2 x nights (Friday and Saturday).

Requirements	Please tick (☐) relevant box	<b>Wednesday 12<sup>th</sup> Oct</b>	<b>Sunday 16<sup>th</sup> Oct</b>
<b>Adult Twin Room</b> *€40 per night <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adult Double Room</b> *€30 per night <i>Please note that this rate is based on 2 people sharing.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Double Room (7-16yrs)</b> *€20		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Infant (Complimentary*)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please note that the above rates include Bed and Breakfast **only**.



## PAYMENT DETAILS:

Registrations will NOT be accepted without payment. All payments must be in Euros. All sections must be completed in order to process the payment

BY CHEQUE/BANK DRAFT  Payable to 'ECCR' in Euro's (Sterling cheques cannot be accepted)

PLEASE DEDUCT THE TOTAL SUM DUE FROM:

Credit Card: MasterCard  Visa

CARD NUMBER

SECURITY CODE (LAST 3 DIGITS OF THE CODE ON THE REVERSE OF THE CARD):

EXPIRY DATE: /

Cardholder's Signature: -----

Card name and billing address, including postcode if not the same as the delegate details overleaf.  
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### Please note:

Unfortunately we are unable to accept payments by American Express or debit cards.

Costs include all administration and booking fees and there are no additional charges for any method of registration.

Unfortunately we are unable to accept payment by American Express online.

If your card account is not in Euros, the payment will be converted into your own currency by your card issuer. The card issuer will use the exchange rate in effect on the day payment is taken, and they may also charge you a currency conversion fee.

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including any cancellation policies for registration fees. You are also agreeing to your name and town being included in the list of participants and to your email address being used by the organisers.

### CANCELLATION POLICY

Named substitutions can be made at any time.

Cancellations received, in writing, will be refunded after the conference at the following rates:

On or before 20<sup>th</sup> August 2016 - **75%** of registration fee refunded

After 20<sup>th</sup> August 2016 we regret – **NO** refunds will be made, but named substitutions can be accepted at any time.

Hampton Medical Conferences may make your contact details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on, please tick (v) here:

**Please return to:** ECCR – Conference Registration, Hampton Medical, 4 – 6 Crane Mead, Ware, Herts, UK

(Fax: +44 (0) 1920 88 5102 – for credit card registrations only)

