

RegistrationPre-registration before March 31, 2022

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Online registration: www.espr2022.org



PARTICIPANT INFORMATION					
Title: Prof Dr Mr Ms Last Name First Name Institution / Company Address Post Code Country Phone Fax			Address Post Code City Country Phone Fax		
SPECIALITY					
☐ Echographist☐ Paediatricians	☐ Paediatr ☐ Resident	ic radiologists & fellow	□ Radiologist□ Industry professional	☐ Other	
INDIVIDUAL REGIS	TRATION FEES (incl. 20	% VAT) Un	til March 31, 2022	After March 31, 2021	
POST GRADUATE C	OURSE I ANNUAL MEE	TING			
Member (ESPR, SFIPP,	, SFR)		630 €	730 €	
Non Member Physician			750 €	850 €	
Resident, Nurse, Physicist, Technologist			400 €	450 €	
POST GRADUATE COURSE					
Member (ESPR, SFIPP, SFR)			320 €	370 €	
Non Member Physician			390 €	440 €	
Resident, Nurse, Physicist, Technologist			250 €	300 €	
ANNUAL MEETING					
Member (ESPR, SFIPP, SFR)			410 €	460 €	
Non Member Physician			480 €	530 €	
Resident, Nurse, Physicist, Technologist			270 €	320 €	
For group reservation at preferential rates, contact Caroline Lefrançois: clefrancois@divine-id.com					
Group cancellation policy, available on the website, supersedes general cancellation policy. Group reservation applies to more than one participant.					
SOCIAL EVENTS (inc	cl. 10% VAT)				
☐ Official Dinner June 9 at the Rowing☐ Welcome reception June 8 at the Casa Delauze					
More information to be					
TOTAL DUE	Registration	€ + Hotel □ 1 night	deposit 🛘 whole stay	€ =€	
Payment by	☐ Credit Card ☐ Visa ☐ Mastercard (no other card) Credit Card Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
	☐ Check enclosed Please make check in Euros payable in France to divine [id]				
	☐ Bank Transfer	Beneficiary SARL divine Bank Crédit Agrico IBAN FR76 1130 6 BIC AGRIFRPP81	ole 000 9348 1141 8671 957		

^{* 3} last numbers on the back of the card
** Your signature authorizes your credit card to be charged for the total payment due. We reserve the right to charge the correct amount if different from the total listed.