

# XXIX Annual ESRA Congress Porto-Portugal, September 8-11, 2010

## REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, E-MAIL or AIRMAIL to:



Tel: +41 22 908 0488  
Fax: +41 22 906 9140  
E-mail: reg\_esra2010@kenes.com

Registration and Accommodation Department  
1-3 Rue de Chantepoulet, CH-1211 Geneva 1, Switzerland

### Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

**Participant** (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name \_\_\_\_\_ Initials \_\_\_\_\_ First Name \_\_\_\_\_

Title  Prof.  Dr.  Mr.  Mrs.  Ms. Year of birth [YYYY] \_\_\_\_\_

E- Mail Address \_\_\_\_\_@\_\_\_\_\_ Mobile phone: \_\_\_\_\_ Country code/ mobile number \_\_\_\_\_

### Office Address

Institute \_\_\_\_\_ Dept. \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ Suite/Apt. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone (office hours):Country code/city code/number \_\_\_\_\_ Fax: Country code/city code/number \_\_\_\_\_

### Mailing Address (if different from the above)

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

### You and Your Privacy

Please note that companies may be offered the opportunity to hold a Satellite Symposium at this specific event.

As a congress registrant, your mailing details may be forwarded to companies organizing Satellite Symposia. Companies receiving your mailing details will be permitted to use your details one time only for the purpose of sending you Satellite Symposia invitations. Under the Laws of Privacy, you are entitled to object at any time to the processing and usage of your mailing details.

I DO NOT wish my details to be forwarded to companies organizing satellites.

### REGISTRATION FEE:

	Early bird until June 16, 2010	Regular Fee from (from June 17- August 18, 2010	Late/On site Fee From August 19, 2010
<b>Congress Participants ESRA /ASRA/LASRA Members</b>	<input type="checkbox"/> € 590	<input type="checkbox"/> € 700	<input type="checkbox"/> € 760
<b>Congress Participants Non Members</b>	<input type="checkbox"/> € 730	<input type="checkbox"/> € 760	<input type="checkbox"/> € 810
<b>Resident */ Trainee *</b>	<input type="checkbox"/> € 410	<input type="checkbox"/> € 435	<input type="checkbox"/> € 545
<b>Accompanying Person</b>		<input type="checkbox"/> € 165	
<b>Nurses Program Only*</b>	<input type="checkbox"/> € 138	<input type="checkbox"/> € 138	<input type="checkbox"/> € 165
<b>Nurses Full Registration (Including Nurses Program)*</b>	<input type="checkbox"/> € 300	<input type="checkbox"/> € 350	<input type="checkbox"/> € 425
<b>Gala Dinner (Optional)</b>		<input type="checkbox"/> € 80	
<b>ESRA Diploma Part II</b>		<input type="checkbox"/> € 100	
<b>Refresher course (please make sure that your choice is not parallel to other courses)</b>	Please indicate Course No. _____ <input type="checkbox"/> € 10		
<b>Workshops – only 1 is allowed</b>	Please indicate Workshop No. _____ <input type="checkbox"/> € 15		
<b>Ultrasound workshops – only 1 is allowed</b>	Please indicate Workshop No. _____ <input type="checkbox"/> € 15		
<b>Landmark workshops – only 1 is allowed</b>	Please indicate Workshop No. _____ <input type="checkbox"/> € 15		
<b>Cadaver workshops – only 1 is allowed</b>	Please indicate Workshop No. _____ <input type="checkbox"/> € 50		
<b>Ask The Expert – only 1 is allowed</b>	Please indicate No. and you question for the session _____		

\*\*In order to obtain the special fee for Residents/Nurses, an approval letter signed by your institution's Head of Department, together with a copy of a valid Resident/Nurse's card, must accompany the registration form

**How did you learn about this congress?** (Please choose the key source)

- Colleague / Co-worker  Congress Brochure  E-mail Newsletter  Sponsor  Search Engine (i.e. Google)  
 Society/Professional Websites  Online/Print Journal  Internet event calendars  Online Discussion Groups  Other

**Please indicate type of facility where employed** (Choose one)

- Hospital  University Hospital  University  Private practice  Research institute  Industry  Press  
 Comprehensive care clinic  Government agency  Laboratory  Other (please specify) \_\_\_\_\_

**Please indicate your professional role** (Choose one)

- Clinical practitioner  Clinician researcher  Basic science researcher  Epidemiology/Statistics  
 Nurse/Healthcare practitioner  Health administrator  Industry/Corporate professional  Resident/Research Fellow  
 Student  Other (please specify) \_\_\_\_\_

**Please indicate your area of expertise** (Choose one)

- Anesthesiology  Internal Medicine  General Surgery  Other (please specify) \_\_\_\_\_

**Please indicate your clinical interests** (Choose up to two)

- Palliative Care  Headache  Cardiac Anaesthesia  Emergency Medicine  Intensive Care  Paediatric Aspects  TIVA TCI  
 Regional Anaesthesia  Pain Management  Cancer  Neuropathic Pain  Other (please specify) \_\_\_\_\_

**Accompanying Person**

List the individuals registering for the Accompanying Person's Programme: Title  Prof.  Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
First Name

**Accommodation** - Please indicate your hotel and room preference (Rates are per room, per night, including VAT and breakfast)

Hotel	Category	Single room	Double room
Sheraton Porto Palace	*****	Fully Booked	Fully Booked
Pestana Porto	*****	€179	€195
Infante De Sagres	*****	Fully Booked	Fully Booked
Porto Palacio	****	€150	€170
HF Ipanema Park	*****	€ 89	€ 98
Eurostars Das Artes	****	Fully Booked	Fully Booked
Mercure Batalha	****	Fully Booked	Fully Booked
HF Fenix Porto	****	Fully Booked	Fully Booked
HF Ipanema Porto	****	Fully Booked	Fully Booked
Quality Inn Portus Cale	****	Fully Booked	Fully Booked
Grand Hotel Porto	***	Fully Booked	Fully Booked
HF Tuela	***	€ 71	€ 74

\_\_\_\_\_  
Check in

\_\_\_\_\_  
Check out

\_\_\_\_\_  
Total night/s

\* I will share my accommodation with \_\_\_\_\_

**Reservation:** Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation. Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

**Payment**

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees: € \_\_\_\_\_  
 Accompanying Person: € \_\_\_\_\_  
 Gala Dinner: € 80per person € \_\_\_\_\_  
 Hotel Deposit: € \_\_\_\_\_ (1 night stay)  
 Additional Functions € \_\_\_\_\_  
 Total: € \_\_\_\_\_

**Option 1: Credit Card**

By choosing this form of payment, your credit card will be charged on the equivalent amount of one night stay per room only as deposit, the balance being automatically charged 3 weeks prior to your arrival.

- Visa  MasterCard  AMEX

\_\_\_\_\_  
Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiry Date (month/year)

Name as shown on card:

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Signature of Card Holder

**Option 2/A: Bank Transfer for Registration ONLY- with your name and address indicated on the reverse.** If payment is made for more than one person or by a company, please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. **Please make drafts payable to Kenes International for ESRA 2010 Congress** Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing code: 4835, SWIFT NUMBER: CRESCHZZ12A

**Account number:** 693980-52-232, **IBAN number** CH16 0483 5069 3980 5223 2

**Option 2/B: Bank Transfer for Accommodation ONLY - with your name and address indicated on the reverse.** If payment is made for more than one person or by a company, please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. **Please make drafts payable to "Kenes International ESRA 2010 Accommodation"** Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing code: 4835, SWIFT NUMBER: CRESCHZZ12A

**Account number:** 693980-52-258, **IBAN number** CH90 0483 5069 3980 5225 8

Charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Cancellation Policy for Registration:

- \*Cancellations received up to June 16, 2010 - Full refund
- \*Cancellations received between June 17, 2010 to August 18, 2010 (inclusive) 50% refund will be made
- \*After August 19, 2010 – no refunds will be made

Cancellation Policy for Accommodation:

- \*Prior to 15 days before arrival – Full refund less handling fees of €35
  - \*Between 10-14 days prior to arrival – 1 night cancellation charge
  - \*From 9 days prior to arrival – No refund
- All changes or cancellations have to be made in writing to Kenes International. Please do not contact the hotel directly.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing this form you authorize Kenes to charge the above credit card for the balance of your account two weeks prior to your arrival for services to be rendered.