

**3<sup>rd</sup> INTERNATIONAL CONGRESS ON  
PREDIABETES AND THE METABOLIC SYNDROME  
Nice, France, April 1-4, 2009**

**REGISTRATION & ACCOMMODATION FORM**

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

Registration and Accommodation Department  
1-3 Rue de Chantepoulet, CH-1211 Geneva 1, Switzerland  
Tel: +41 22 908 0488, Fax: +41 22 732 2850  
E-mail: reg\_prediabetes2009@kenes.com



**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 Satellite Symposia at this Congress. 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 FEES**

\*Fees apply to payments received prior to the deadlines \*\*Outstanding payments will be collected on-site and charged the on-site rate.

Category	Until January 15, 2009	From January 16, 2009	On site (from March 25, 2009)
Participants – physicians and scientists	<input type="checkbox"/> €500	<input type="checkbox"/> €560	<input type="checkbox"/> €610
Nurses, dietitians, psychologists	<input type="checkbox"/> €410	<input type="checkbox"/> €460	<input type="checkbox"/> €510
Residents*	<input type="checkbox"/> €380	<input type="checkbox"/> €440	<input type="checkbox"/> €490
Additional ticket for Opening Session and Get-Together Reception	€ 45		

All above fees include 19.6% VAT

\* Refers to non-tenured junior scientists. Registration Form must be accompanied by a letter from the head of the department confirming their status and/or a valid student card (if registered via the website, please fax or mail the letter).

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

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

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

- Endocrinology  Internal Medicine  Cardiology  Biochemistry  Pharmacology  Pediatrics  Pathology  
 Other (please specify) \_\_\_\_\_

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

- Atherosclerosis  Cardiovascular disease  Diabetes  Diabetic pain  Family Medicine  Genetic aspects  Hypertension  
 Metabolic syndrome  Nutrition  Obesity  Paediatric aspects  Thrombosis & Hemostasis  
 Other (please specify) \_\_\_\_\_

Name: \_\_\_\_\_

PREDIABETES 2009

**ACCOMMODATION** (Rates are per room, per night, including VAT and breakfast)

Hotel	Single room	Double room	Hotel	Single room	Double room
Negresco	€275	€300	Splendid (Standard)	€185	€195
La Perouse (Standard)	€235	€265	Splendid (Superior)	€220	€230
La Perouse (Superior) - <b>FULLY BOOKED</b>	€320	€345	Four Points by Sheraton Elysée (Standard)	€180	€200
Le Meridien	€275	€290	Four Points by Sheraton Elysée (Superior)	€220	€240
Palais Le Mediterranee - <b>FULLY BOOKED</b>	€265	€295	Massena	€175	€185
NH Nice (former Sofitel)	€215	€235	Suisse (Standard)	€165	€185
Grand Hotel Aston Clarion (Classic)	€215	€235	Suisse (Superior)	€190	€210
Grand Hotel Aston Clarion (Superior)	€240	€255	Novotel Nice Center (Standard) - <b>FULLY BOOKED</b>	€165	€185
Beau Rivage	€210	€230	Novotel Nice Center (Superior)	€175	€195
Boscolo Plaza	€205	€220	Park Inn	€155	€175
Holiday Inn	€195	€228	Le Malmaison	€150	€165
Best Western Premier West End (Standard)	€195	€215	Mercure Notre Dame	€145	€160
Best Western Premier West End (Superior)	€220	€240	Mercure Nice Promenade des Anglais (Standard)	€140	€155
Radisson SAS (City View)	€185	€205	Mercure Nice Promenade des Anglais (Superior)	€160	€180
Radisson SAS (Sea View)	€230	€240	Mercure Marche Aux Fleur	€135	€160
Boscolo Park	€190	€205	Mercure Grimaldi	€125	€135
			Campanile	€98	€108

**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.

Type of room required  Single  Double\*  Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check- In Date

Check -Out Date

Total night/s

\* I will share my accommodation with:

\_\_\_\_\_

Family name

First Name

**PAYMENT**

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

Registration Fees

Euro \_\_\_\_\_

Deposit for hotel accommodation

Euro \_\_\_\_\_ (1 night payment)

**Total:**

Euro \_\_\_\_\_

**Option 1 - Credit Card:**  Visa  MasterCard  Diners  American Express\*

(\*Payments made with American Express will be charged in U.S. Dollars according to the exchange Rate at the day of the transaction)

\_\_\_\_\_

\_\_\_\_\_

Number

Expiry Date (month/year)

\_\_\_\_\_

Name as shown on card:

**Option 2: Bank Transfer** - 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: "Prediabetes 2009", Account Holder: "Kenes International", Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland. Clearing Number: 4835, Bank Account number: 693980-52-130, IBAN number: CH54 0483 5069 3980 5213 0, Swift Code: CRESCHZZ12A.

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

**Option 3: Cheque made payable to:** "Prediabetes 2009"

Enclosed cheque number: \_\_\_\_\_

Bank: \_\_\_\_\_

**CANCELLATION POLICY – REGISTRATION**

All cancellations must be emailed, faxed, or posted:

\* Cancellations received up to January 15, 2009 – full refund (less €50 handling fee)

\* Cancellation received between January 16, 2009 to March 5, 2009 (inclusive) – 50% refund will be made

\* From March 6, 2009 – no refunds will be made

**CANCELLATION POLICY – HOTEL ACCOMMODATION**

All changes/cancellations must be received in writing by fax or email to Kenes international. Please do not contact the hotel directly.

Changes/cancellations received 15 days prior to arrival (up to 17/3/09) – full refund less handling fee of €35.

Changes/cancellations received 14-10 days prior to arrival (up to 21/3/09) – 1 night cancellation charge.

Changes/cancellations received from 22/3/09 - no refund

In the event of non-arrival, the hotel will automatically release the reservation and payment will be non refundable

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

By signing this Form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account 3 weeks prior to your arrival for services ordered.