



INTERNATIONAL CONGRESS OF DUAL PATHOLOGY

Addictive Behaviors and other Mental Disorders

May, 29th-31st 2008, Madrid (Spain)
Hotel Meliá Castilla de Madrid



Registration form

Register online on: www.cipd2008.com

Please print clearly or type and keep a photocopy of this form for your records. The information below will be reproduced as printed, in the Delegate List at the Congress and be used for all mailings. Please ensure the information you complete below is correct.

Forward this form and payment by fax, email or airmail to the Secretariat:

International Congress of Dual Pathology
TILESA OPC, S.L.
Londres, 17 - 28028 MADRID – SPAIN
Tel. +34 91 3612600 – Fax: +34 91 3559208
Email: secretariat@cipd2008.com

Early registrations deadline: January 30, 2008
Registrations Deadline: May 26, 2008

After this date, all registration must be made onsite

A. DELEGATE

DELEGATE Mr Mrs Ms. Dr. Prof

LAST/FAMILY NAME _____ FIRST NAME _____

ORGANISATION _____

POSITION _____

STREET ADDRESS _____

CITY _____ STATE _____

COUNTRY _____ POSTCODE _____

TELEPHONE _____ FAX _____

EMAIL _____ MOBILE PHONE _____

ACCOMPANYING PERSONS Mr Mrs Ms. Dr. Prof

FAMILY NAME _____ FIRST NAME _____

BILLING ADDRESS (complete only if different of above address)

TYPE PERSONAL COMPANY

For companies is compulsory:
VAT Number _____
COMPANY NAME _____

CONTACT PERSON _____

STREET ADDRESS _____ POSTCODE _____

CITY _____ STATE _____ COUNTRY _____

TELEPHONE _____ FAX _____ EMAIL _____

B. REGISTRATION FEES * All fees must be paid in Euros €

(Please complete one form for each participant attending to the congress)

Indicate your fee	Category	Before January 30, 2008	Between January 30-May 18, 2008	On Site	Amount
<input type="checkbox"/>	Standard Registration	530 €	590 €	650 €	€
<input type="checkbox"/>	Delegates of Developing Countries ¹	330 €	390 €	450 €	€
<input type="checkbox"/>	Psychologist / Social Worker ²	330 €	390 €	450 €	€
<input type="checkbox"/>	Student / Trainee ³	330 €	390 €	450 €	€
<input type="checkbox"/>	Accompanying person	290 €	350 €	410 €	€

¹ Latinamerican countries, African countries (except for Southafrica), Asian countries (except for Korea and Japan). The country registration category means the country in which you reside.

² Psychologists & Social Workers are requested to provide certifications.

³ Students must attach a copy of their student ID, and trainees a signed certificate from their department head or supervisor.

B. Sub-total Registration Fee: Euros €

**C. ACCOMMODATION:**

Indicate your choice	Hotel	Double room for single use (price per night)	Double room (price per night)	Number of rooms	Check-in date	Check-out date	Total nights	Total amount
<input type="checkbox"/>	Hotel Melia Castilla *****	189 €	194 €					
<input type="checkbox"/>	Hotel Holiday Inn ****	203 €	223 €					
<input type="checkbox"/>	Hotel Sunotel Amaral ***	123 €	143 €					

C. Sub-total Accommodation: €

The amount per night(daily rate) is indicated on the information above, prices are per room & breakfast, VAT (7%) included (any other extra cost will be paid directly to the hotel). First, TILESAs OPC will charge only one night hotel accommodation in order to guarantee your reservation. On May 10th, 2008, the pending amount of your reservation will be charged. Upon your arrival, The hotel will request you your credit card details for any extra.

Any change or cancellation of hotel reservations must be notified by writing to to the Congress Secretariat, TILESAs OPC's e-mail: secretariat@cipd2008.com within dates indicated below:

Before February 1st, 2008: Full refund, minus 25€of handling fee / **From February 1st 2008 to May 1st, 2008:** 50% of the deposit of the first night will be reimbursed.

After May 1st, 2008: No refunds will be made / In case of "No Show" or unexpected departures, the total amount of the reserved stay will be charged.

D. LETTER OF INVITATION:

If you require a letter of invitation in order to arrange the appropriate visa to enter Spain / apply for leave to attend the Congress.

Please send me a letter of invitation

PAYMENT:

Section B Registration Fee

Sub-total Registration Fee

Euros €

Section C Accommodation

Sub-total Accommodation

Euros €

TOTAL FEES ENCLOSED: (section B+C) Euros €**■ BANK TRANSFER**

Beneficiary: TILESAs OPC – DUAL PATHOLOGY
IBAN: IBAN ES 03 0065 0156 5200 01033771
SWIFT: BARCESMM
Bank: BARCLAYS
AVD. DE BONN, 19 28028 MADRID. SPAIN

Important note: If you use this method of payment, **please do not forget to include the following reference in the bank transfer "Dual Pathology Congress" + your name and send a copy of the bank transfer together with the Registration Form to the Congress Secretariat** in order to enable identification of payment. Please notice that participants are responsible for all bank transfer charges.

Please find enclosed Copy of the bank transfer

■ CREDIT CARD

Please charge the total amount above to the following credit card

American Express Visa Mastercard

Credit card number

Expiry Date: /

Name on card:

Signature

Date / /

Please note all transactions by credit card will appear on your statement as payment to: TILESAs OPC, S.L.

***NOTE: Registration will not be confirmed until payment in full is received, payment is to be forwarded with this form.**

I have read and agree to all the conditions outlined in this registration document.

For Cancellation policy see page 1: REGISTRATION INFORMATION

In compliance with Organic Law 15/99 of personal data protection, we inform that the personal information provided will be stored in a database controlled by TILESAs OPC, S.L. and used to promote the mentioned event, related events and future editions of this event . The fulfilment of the present form implies to authorise TILESAs OPC, S.L. to use the personal information for the mentioned purpose.

If you wish to exercise your rights to access, rectify, cancel and oppose the treatment of your data, please contact TILESAs OPC, S.L., CIF B-28194744, with registered offices at Londres, 17. Madrid. Spain



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Registration Information

Register online on: www.cipd2008.com

REGISTRATION INFORMATION

In order to register, please fill out all fields of the Registration Form and return it to the Registration Secretariat.

You can register:

- On line, through the official website of the Congress www.cipd2008.com
- By fax using the Registration Form
- By post mail using the Registration Form

Please notice that only forms that have been properly filled in and accompanied by payment or proof of payment will be accepted. Please complete one form for each participant attending to the Congress. Please make a copy for your colleagues.

When the Registration Form with correct payment is received, the Registration Secretariat will send to each participant a confirmation and receipt notice by e-mail within 10 working days from receipt.

* Students & Trainees must attach a copy of their student ID or enclose a letter by the Head of the Department certifying their student status.

In order to benefit from the discount of the early registration fee, the payment must be received before January 30th, 2008. If the payment is received after this date, full late registration fee will be applicable even if the registration form was sent before January 30th, 2008.

What is covered by the fee:

1.- GENERAL REGISTRATION FEE

- Congress material (documentation, CD-rom Abstracts Book)
- Attendance to all scientific sessions
- Certificate of Attendance and/or Participation
- Coffee-breaks
- Welcome party cocktail

2.- ACCOMPANYING PERSONS

- Identity badge
- Welcome party cocktail
- Accompanying persons Program (Half day city tour to Madrid)

TERMS OF PAYMENT:

All payments must be made in EUROS by one of the following methods.

Credit Card:

Please enter the credit card number, the expiration date and card holder name in the appropriate space on the Registration Form.

Bank Transfer:

Beneficiary: TILES OPC – DUAL PATHOLOGY
IBAN: IBAN ES 03 0065 0156 5200 01033771
SWIFT: BARCESMM
Bank: BARCLAYS
AVD. DE BONN, 19 28028 MADRID. SPAIN

Important note: If you use this method of payment, **please do not forget to include the following reference in the bank transfer "Dual Pathology Congress" + your name and send a copy of the bank transfer together with the Registration Form to the Congress Secretariat** in order to enable identification of payment. **Please notice that participants are responsible for all bank transfer charges.**

Pending Amounts:

Any differences arising in the registration fees will be collected on site by the Registration Secretariat. In case that registration funds were wired late or, for unexplained reasons, were not credited on the Congress account at the time of registration, a photocopy of the receipt will be required. If no proof of payment can be presented, full payment will be required on site.

CANCELLATION OF REGISTRATION AND REFUNDS:

Cancellations must be sent in writing to the Congress Secretariat, Tilesa OPC's e-mail: secretariat@cipd2008.com within the following dates:

- **By January 30th, 2008** Full refund, minus 10% of handling fee
- **After January 30th to April 15th, 2008** 60% of the registration fee will be refunded
- **After April 15th, 2008** No refund

The appropriate refunds will be made after the close of the Congress. The registration Secretariat reserves the right to charge the administration fee of 5% for each name or other change of the registration.

Pending Amounts: Any differences in the registration fees will be collected on site by the Congress Secretariat. In case that registration fee were wired late or for unexplained reasons, were not credited on the Congress account at the time of registration, a photocopy of the receipt will be required. If no proof of payment can be presented, full payment will be required on site.

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