

## A. REGISTRATION FORM

**(Please, fill out in capital and legible letters)**

Last Name \_\_\_\_\_ Name \_\_\_\_\_  
 Work Center \_\_\_\_\_ ID/Passport \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Postcode \_\_\_\_\_  
 E-mail \_\_\_\_\_ Tel: \_\_\_\_\_ Fax \_\_\_\_\_

### Registration Fees *18% VAT included*

	Up to June 30 <sup>th</sup>	From July 1 <sup>st</sup>
Physicians from high-income countries*	<input type="checkbox"/> 450 €	<input type="checkbox"/> 510 €
Physicians from other countries (It is required to send a copy of the passport)	<input type="checkbox"/> 340 €	<input type="checkbox"/> 400 €
Other Professionals/ Professionals in training <input type="checkbox"/> Psychologist <input type="checkbox"/> Nurse <input type="checkbox"/> Trainee* <input type="checkbox"/> Others (*It is required to send a certificate proving to be in training)	<input type="checkbox"/> 340 €	<input type="checkbox"/> 400 €

### Cancellation Policy

Any change or cancellation of reservations must be notified in writing to the Congress Secretariat (Tilasa Kenes Spain) by email to [secretariat@cipd2011.com](mailto:secretariat@cipd2011.com)

- Cancellations received **up to 15th June 2011**, will be refunded less an administrative charge of 30 €.
- Cancellations received **from 16th June 2011** or not attendance: Will not be refunded.
- The appropriate refund will be made after the Congress by bank transfer.
- Send the registration form to TILESAS KENES SPAIN: C/ Londres, 17. 28028 Madrid, España. Tel: +34 91 361 26 00. Fax: +34 91 355 92 08. E-mail: secretariat@cipd2011.com

<b>TOTAL A (Registration)</b>	_____ €
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**IMPORTANT: to go on with the registration, please continue to the next page.**

### \*High-income countries by the World Bank

Andorra	Denmark	Italy	Puerto Rico
Antigua and Barbuda	Equatorial Guinea	Japan	Qatar
Aruba	Estonia	Korea, Republic of	San Marino
Australia	Faroe Islands	Kuwait	Saudi Arabia
Austria	Finland	Liechtenstein	Singapore
Bahamas, The	France	Luxembourg	Slovak Republic
Bahrain	French Polynesia	Macao, China	Slovenia
Barbados	Germany	Malta	Spain
Belgium	Greece	Monaco	Sweden
Bermuda	Greenland	Netherlands	Switzerland
Brunei Darussalam	Guam	Netherlands Antilles	Taiwan, China
Canada	Hong Kong, China	New Caledonia	Trinidad and Tobago
Cayman Islands	Hungary	New Zealand	United Arab Emirates
Channel Islands	Iceland	Northern Mariana Islands	United Kingdom
Croatia	Ireland	Norway	United States
Cyprus	Isle of Man	Oman	Virgin Islands, U.S.



## B. ACCOMMODATION FORM

- I DO NOT NEED ANY ACCOMMODATION  (continue to the third page)
- I NEED ACCOMMODATION  (fill out the following information)

### HOTELS

	SINGLE	DOUBLE
Hotel Princesa Sofia 5* (Sede)	<input type="checkbox"/> 165,00 €	<input type="checkbox"/> 190,00 €
Hotel AC Victoria Suites 4* (junior suites)	<input type="checkbox"/> 165,50 €	<input type="checkbox"/> 186,00 €
NH Constanza 4*	<input type="checkbox"/> 145,00 €	<input type="checkbox"/> 165,00 €
Hotel Husa L'illa 4*	<input type="checkbox"/> 145,00 €	<input type="checkbox"/> 165,00 €
Hotel HUSA Arenas 4*	<input type="checkbox"/> 129,00 €	<input type="checkbox"/> 144,00 €
Hotel Catalonia Rigoletto 3*	<input type="checkbox"/> 125,00 €	<input type="checkbox"/> 140,00 €
Hotel NH Rallye 3*	<input type="checkbox"/> 120,00 €	<input type="checkbox"/> 130,00 €
Hotel NH Les Corts 3	<input type="checkbox"/> 130,00 €	<input type="checkbox"/> 140,00 €

*2011 rates, per room and night, in Euros. Breakfast and 8% VAT, included.*

Please, make a 2<sup>nd</sup> Choice, just in case your 1<sup>st</sup> Choice is fully booked.

Selected Hotel, 1st choice \_\_\_\_\_

Selected Hotel, 2nd choice \_\_\_\_\_

Check-in date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

Number of rooms \_\_\_\_\_  Single  Double

#### Payment:

Send the filled accommodation form to TILES A KENES SPAIN by fax: +34 91 355 92 08 or E-mail: [secretariat@cipd2011.com](mailto:secretariat@cipd2011.com).

Total payment of your booking is required to make the reservation.  
All payments must be made in Euros by:

- **Credit card:** VISA, MASTERCARD, EUROCARD and AMEX
- **Bank Transfer:** In order to identify your payment is required to include in the transfer reference "Accommodation Congress CIPD 2011" plus the registered name and send the registration form with a copy of the transfer to TILES A KENES SPAIN (We remind you that all transfer cost must be paid by the payer).

**Beneficiary: ABAC TRAVEL**

**Bank: BANESTO**

**Account number: 0030 1127 9902 9360 1273**

**IBAN: ES10 0030 1127 9902 9360 1273**

**SWIFT: ESPCESMM**



**Cancellations:**

Cancellations must be notified in writing to the Congress Secretariat TILESAS KENES SPAIN, email: [secretariat@cipd2011.com](mailto:secretariat@cipd2011.com)

- Cancellations received up to 5th July 2011 will be refunded less an administrative charge of 25€.
- Between 5th July and 5th September 2011 cancellation fee: one night.
- No refunds will be made for cancellations received after 5th September 2011 or No Shows.
- The appropriate refunds will be made after the Congress by bank transfer.
- **Organización Técnica de Viajes CIC MA 1325**

**TOTAL B: Accommodation** \_\_\_\_\_ €

**C. PAYMENT**

**IMPORTANT: Payments or registrations not correctly filled out and signed will not be processed.**

**PAYMENT**

**CREDIT CARD**

**Visa, Mastercard, Eurocard and AMEX (only cards accepted).**

I authorize TILESAS KENES SPAIN / ABAC TRAVEL S.L. to charge the total amount to my credit card. With my signature I confirm that I have read the information about the cancellation policy.

REGISTRATION AMOUNT (A) \_\_\_\_\_ €

ACCOMODATION AMOUNT (B) \_\_\_\_\_ €

**TOTAL AMOUNT (Registration + Accommodation):** \_\_\_\_\_ €

Visa  Mastercard  Eurocard  AMEX

Credit Card Number |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_|

Expiry Date |\_|\_| / |\_|\_|

**Date, name as shown on the card and signature:**  
*(required)*

**BANK TRANSFER**

In order to identify your payment is **required** to include in the transfer reference **“Registration Congress CIPD 2011”** or **“Accommodation Congress CIPD 2011”** plus the registered name and send the registration form with a copy of the transfer to TILESAS KENES SPAIN (We remind you that all transfer cost must be paid by the payer.

**REGISTRATION AMOUNT (A)** \_\_\_\_\_ €

**Beneficiary: TILESAS KENES SPAIN**  
**Bank: LA CAIXA**  
**Account number: 2100 1547 77 0200193070**  
**IBAN: ES73 2100 1547 77 0200193070**  
**SWIFT: CAIXESBBXXX**

**ACCOMMODATION AMOUNT (B)** \_\_\_\_\_ €

**Beneficiary: ABAC TRAVEL**  
**Bank: BANESTO**  
**Account number: 0030 1127 9902 9360 1273**  
**IBAN: ES10 0030 1127 9902 9360 1273**  
**SWIFT: ESPCESMM**

**Date, Name and Signature**  
*(required)*

*The information provided by users on this site will be added to a file belonging to TILESAS KENES SPAIN, registered in the General Data Protection Register (Data Protection Agency). TILESAS KENES SPAIN with the sole purpose of keeping users informed of activities related to the II International Congress on Dual Disorders, that will take place in Barcelona, from the 5<sup>th</sup> to the 8<sup>th</sup> of October, 2011. In accordance with the Personal Data Protection*

*Act (Organic Law 15/1999), all users can exercise the right to object to, access, rectify and cancel the data provided, by writing to: TILSA KENES  
SPAIN- Londres 17, 28028 Madrid*