

5. PRE-CONGRESS EXCURSIONS

See page 20 of the Second Announcement

Saturday, July 8, 2000

PE : pers. x FF or € = FF or €
TOTAL 5 = FF or €

PAYMENT

See page 16 of the Second Announcement

1. REGISTRATION FEES FF or €
2. HOTEL ACCOMMODATION FF or €
3. DINNER-CRUISE ON THE SEINE RIVER FF or €
4. EXCURSIONS FF or €
5. PRE-CONGRESS EXCURSIONS FF or €

TOTAL AMOUNT TO BE PAID FF or €

Enclosed : **cheque** in French Francs or Euros to the order of :
CONVERGENCES - ISSHP 2000

Enclosed : official copy of the **bank transfer** order to :
CONVERGENCES - ISSHP 2000
Account n° 10006835860
Banque Neuflyze Schlumberger et Mallet (NSM)
3, avenue Hoche, F-75008 Paris

Debit my **Credit Card** account :
 Visa Card Eurocard/Mastercard

Card number : _____

Expiry date :

Signature of cardholder : _____

NB : Bank charges remain at the sender's expense. The registration form must not be sent to the bank.

I, the undersigned, certify that I have read and hereby accept the conditions of registration, reservation and cancellation.

Date

Signature



12th World Congress International Society for the Study of Hypertension in Pregnancy (ISSHP)



PARIS
France

July 9-13,
2000

REGISTRATION and ACCOMMODATION FORM

IMPORTANT DEADLINES

February 14, 2000 : RECEIPT OF ABSTRACTS
April 15, 2000 : PREFERENTIAL FEE
May 1, 2000 : HOTEL RESERVATION
June 15, 2000 : REGISTRATION BY MAIL

Please return this form duly completed with your payment to:

CONVERGENCES - ISSHP 2000
120, avenue Gambetta
F - 75020 PARIS (FRANCE)

Before mailing, please date and sign your form and make a copy for your own record

FORMS SENT BY FAX WILL NOT BE PROCESSED

Please type or print in CAPITAL LETTERS

For Secretariat use only

PARTICIPANT

TITLE Pr. Dr. Mr. Mrs. Ms.
 LAST NAME
 First name
 Institution
 Department
 Street-P.O.Box
 CITY ZIP CODE
 COUNTRY
 PHONE FAX
 E-MAIL
 CITY AND COUNTRY TO APPEAR ON BADGE

DO YOU HAVE ANY MOBILITY DISABILITIES ? YES NO

ACCOMPANYING PERSON(S)

1. LAST NAME First name
 2. LAST NAME First name

If you intend to come with your children, please indicate both number and age :

1. REGISTRATION FEES

See page 15 of the Second Announcement

(In French Francs or Euros)	Until April 15, 2000*	After
ISSHP member **	1.900 FF (289,65 €)	2.400 FF (365,88 €)
Non Member	2.300 FF (350,63 €)	2.800 FF (426,86 €)
Student *** / midwife ***	1.400 FF (213,43 €)	1.800 FF (274,41 €)
Accompanying person (2 half-day excursions included in the fee)	1.000 FF (152,45 €)	1.000 FF (152,45 €)

* Date as postmarked

** A proof of membership must be joined to the registration form

*** A proof of status must be joined to the registration form with a copy of the personal ID card

Delegate _____ X _____ = _____ FF or €
 Accompanying Person(s) _____ X _____ = _____ FF or €
TOTAL 1 = _____ FF or €

2. HOTEL ACCOMMODATION

See page 12 of the Second Announcement

a) Check-in date _____ 2000 b) Check-out date _____ 2000
 Number of nights _____ Single Double
 c) Hotel (Indicate your choices by preferential order)
 H _____ or H _____ or H _____
 d) Deposit (1night) _____ FF or €
 e) Handling charge 100 FF or 15,24 € _____ FF or €
TOTAL 2 = _____ FF or €

TRAVEL DISCOUNTS (in France)

TRAIN (SNCF - 20% off)
 AIR (AOM - up to 60% depending on flights)
 Please send me _____ discount form(s)

3. DINNER-CRUISE ON THE SEINE RIVER

See page 17 of the Second Announcement

Participation in the dinner-cruise _____ pers. x 500 FF or 76,22€ ???
TOTAL 3 = _____ FF or €

4. EXCURSIONS

See page 18 of the Second Announcement

Excursions **E1** and **E5** are included in the Accompanying person's registration fee

Monday, July 10, 2000

E2 - The Louvre Museum _____ pers. x _____ = _____ FF or €

Tuesday, July 11, 2000

E3 - The Conciergerie and the Sainte Chapelle
 _____ pers. x _____ = _____ FF or €

E4 - Impression : sunrise, Marmottan Museum
 _____ pers. x _____ = _____ FF or €

TOTAL 4 = _____ FF or €