



# 4<sup>th</sup>

# International Congress of Breast Disease Centers 2014

Wednesday, February 5  
Thursday, February 6  
Friday, February 7

## CALL FOR POSTERS

All registered participants are invited to submit an abstract for poster presentation. The best abstracts will be selected for oral presentation. Abstracts should be sent to [congres@eska.fr](mailto:congres@eska.fr) and [didier.verhoeven@klina.be](mailto:didier.verhoeven@klina.be). Mandatory deadline for abstract reception: **24/01/2014**. The abstracts must comprise 1 to 3 pages in Word format and include a bibliography. Previous registration is necessary. Please follow the model available at: [www.congres.eska.fr](http://www.congres.eska.fr). For further information please contact us by e-mail. Only the abstracts received on time will be considered. Proposals for contributed papers are subject to approval by the Scientific Committee. Abstracts of free papers will be published in the next issue of the International Journal of Breast Disease Centers.

## DELEGATE REGISTRATION FORM

### 1 REGISTRATION FEES (also see packages next page)

	February 5 workshops + Women Congress	February 6&7	February 5-7
Members of associated societies and centers	150 € <input type="checkbox"/>	300 € <input type="checkbox"/>	400 € <input type="checkbox"/>
Non-members associated societies and centers	170 € <input type="checkbox"/>	450 € <input type="checkbox"/>	600 € <input type="checkbox"/>
Nurses, interns, students (without lunches)	125 € <input type="checkbox"/>	125 € <input type="checkbox"/>	125 € <input type="checkbox"/>
Congress dinner (February, 6 2014)		80 € <input type="checkbox"/>	
Lunches	40 € <input type="checkbox"/>	80 € <input type="checkbox"/>	120 € <input type="checkbox"/>

TOTAL 1

I want to register for the 5 february and I have access to the following sessions:

- ☐ WS 01: Workshop for nurses and support teams: multiprofessionality in breast centers
- ☐ WS 02: Special workshop on imaging guided breast interventions
- ☐ 4th Women Cancers (parallel congress)

• **THE REGISTRATION FEE** covers the cost of the following items : • Scientific program • Coffee • Lunch breaks • Abstract volume  
• Delegates' congress bags and documentation • **Subscription to the International Journal of Breast Disease Centers**

• **THE ACCOMPANYING PERSON FEE** includes the welcoming party and free access to the social events organized by the sponsors.

TOTAL 2

### 2 ACCOMMODATION PROPOSAL (also see packages next page)

	Date of Arrival	Date of Departure	Single Room	Double Room	Number of nights	Total
Category A****	-- / -- / --	-- / -- / --	200 € <input type="checkbox"/>	220 € <input type="checkbox"/>	x	_____ €
Category B***	-- / -- / --	-- / -- / --	180 € <input type="checkbox"/>	200 € <input type="checkbox"/>	x	_____ €
Category C**	-- / -- / --	-- / -- / --	150 € <input type="checkbox"/>	170 € <input type="checkbox"/>	x	_____ €

• Category A : Deluxe Four-star first class hotels, prime location, breakfast included. • Category B : Three-star hotels, good middle-range hotels offering clean, comfortable rooms with shower/WC. • Category C : Two-star hotels, clean and basic hotels offering rooms with shower/WC.

\* You will receive a quotation for your accommodation request.

### 3 TRANSPORTATION

**Automobiles:** Free parking for registered delegates (limited seating)

Do you need a voucher for congress reduction in France :

**Train (SNCF):** yes ☐ no ☐

**Airplane (AIR-FRANCE):** yes ☐ no ☐

Registered delegates can benefit from preferential rates with Air France and KLM Global Meetings.

For more information go to: [www.airfranceklm-globalmeetings.com](http://www.airfranceklm-globalmeetings.com)



**Name of the event:** IBDC 2014 - Event Location: Paris, France

**ID booking Code of the congress:** 19156AF

Overseas, contact the Air France reservation center in your country with the ID code of the congress.

### 4 REGISTRATION FORM

Please write the **MAXIMUM** information in **BLOCK LETTERS**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

TOTAL  
TO BE PAID

### METHOD OF PAYMENT

I am paying the following amount: \_\_\_\_\_ € ☐ CASH ☐ CHECK

☐ BANK TRANSFER: BNP Paribas - Paris Champs Elysées (00804)

Account Holder: CFEE-ESKA - Compte N°: 30004 00804 0010139858 36 - IBAN Code FR76 3000 4008 0400 0101 3985 836

☐ CREDIT CARD: ☐ Visa ☐ Mastercard Expiration date: | | | | | |

Card holder \_\_\_\_\_ Card No. | | | | | | | | | | | | | | | | | |

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**HOTEL CANCELLATION FEES:** • Cancellation received by fax before December 15, 2013: reimbursement of fees minus file handling fee of 100 € per person  
• Cancellation received by fax between December 15 and December 31, 2013: reimbursement of fees minus file handling fee of 150 € + 1 night of accommodation  
• Cancellation received by fax after December 31, 2013: reimbursement not possible

Please return this form to: CFEE, Att: Mrs Flora DENIAU  
12, rue du Quatre-Septembre 75002 Paris - Tel: +33 (1) 42 86 55 63 - Fax : +33 (1) 42 60 45 35 - email: [congres@eska.fr](mailto:congres@eska.fr)



Wednesday 5 - Thursday 6 & Friday 7 February 2014

## REDUCED RATES FOR REGISTRATION + ACCOMMODATION + GALA DINNER

## Register at reduced rates before 31/12/2013

- Cancellation insurance : 3% accommodation amount
- Additional nights and individual rooms
- Breakfast
- Flights and ground transportation

Subject to change and subject to ability.

**FAX : +33 (1) 42 60 45 35 - E-mail: [congres@eska.fr](mailto:congres@eska.fr)**