



4th International Congress of Breast Disease Centers 2014

Wednesday, February 5
Thursday, February 6
Friday, February 7
2014

CALL FOR POSTER PRESENTATION

All registered participants are invited to submit an abstract for poster presentation. The best abstract will be selected for oral presentation. Abstracts should be sent to congres@eska.fr and 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. 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)	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	125 € <input type="checkbox"/>	125 € <input type="checkbox"/>	125 € <input type="checkbox"/>
Congress dinner (February, 6 2014)		40 € <input type="checkbox"/>	
Lunches		40 € <input type="checkbox"/>	

I want to register for the following workshop

- WS 01: Workshop for nurses and support teams: multiprofessionality in breast centers
- WS 02: Special workshop on imaging guided breast interventions

1 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

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

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



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: _____

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

TOTAL 1

TOTAL 2

TOTAL TO BE PAID



IBDC
International Breast Disease Centers

4th International Congress of Breast Disease Centers 2014

Wednesday 5 - Thursday 6 & Friday 7 February 2014

DELEGATE PACKAGES

REDUCED RATES FOR REGISTRATION + ACCOMMODATION + GALA DINNER

EARLY BIRD PACKAGES Save 300€
Register at reduced rates before 31/12/2013

1. Select your package (registration + accommodation + congress diner)

THIS PACKAGE INCLUDES:

- For congressist: conference registration
- Three nights of accommodation: double room
(You may request additional nights or individual rooms)
- Gala dinner

IT DOES NOT INCLUDE:

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

N° of Package	Hotel proposal	Normal package price after 31/12/2013	Congressist package before 31/12/2013	Accompanying person package before 31/12/2013	Additional individual room before 31/12/2013
A1	4 stars	1430	1099	150	190
A2	3 stars	1280	930	120	150
A3	2 stars	1160	870	100	120

=> (prices in euro)

Subject to change and subject to ability.

2. Benefit from reduced rates for your flight with AIR FRANCE KLM GLOBAL Meetings:

Enjoy a reduction of up to 47% off of regular flight prices (most are direct flights)

For flights prices: the sooner you reserve the lower the price!

Please consult, http://www.airfrance.fr/FR/fr/local/www_airfranceklm-globalmeetings_com.htm?eid=19156AF

ORDER FORM

Pr. Dr. Mr. Mrs.

Family Name: First Name:

Address:

Zip Code: City: Country:

E-mail: Telephone: Fax:

First and last name of accompanying person:

GLOBAL AMOUNT (VAT INCLUDED) TO SETTLE:.....euros

Please make a down payment of 1, 000 euros:

Credit Card Check Cash

Credit card: VISA Mastercard

N°: /___/___/___/___/___/___/___/___/___/___/___/___

Expiration Date: /___/___/

I want to add cancellation insurance (3 % of "hotel" amount TTC):

Yes No

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 accommodation

• Cancellation received by fax after December 31, 2013 reimbursement not possible

PLEASE SEND THIS SUBSCRIPTION FORM, DULY COMPLETED, TO:

CFEE, Att: Mrs Flora DENIAU

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