

Title _____ Last name _____ First name _____
 Identity card _____ Organization _____
 Address _____ City _____ Country _____ P.C. _____
 Telephone _____ Fax _____ E-mail _____

REGISTRATION

Registration Fees	Early Until 1 st January	Standard From 2 nd January Until 13 th March	Last From 14 th March
Psychiatrist Member SEPD/WADD	<input type="checkbox"/> 490 €	<input type="checkbox"/> 520 €	<input type="checkbox"/> 560 €
Psychiatrist Non Member	<input type="checkbox"/> 550 €	<input type="checkbox"/> 580 €	<input type="checkbox"/> 620 €
Psychologist/ Nurse SEPD/ WADD	<input type="checkbox"/> 300 €	<input type="checkbox"/> 350 €	<input type="checkbox"/> 400 €
Psychologist/ Nurse Non Member	<input type="checkbox"/> 350 €	<input type="checkbox"/> 400 €	<input type="checkbox"/> 450 €
Professionals in Training SEPD/WADD	<input type="checkbox"/> 200 €	<input type="checkbox"/> 200 €	<input type="checkbox"/> 200 €
Professionals in Training Non Member*	<input type="checkbox"/> 250 €	<input type="checkbox"/> 250 €	<input type="checkbox"/> 250 €
Countries in Development	<input type="checkbox"/> 290 €	<input type="checkbox"/> 290 €	<input type="checkbox"/> 290 €
Social Workers/Occupational Therapists	<input type="checkbox"/> 90 €	<input type="checkbox"/> 90 €	<input type="checkbox"/> 90 €
Pregraduates**	<input type="checkbox"/> 45 €	<input type="checkbox"/> 45 €	<input type="checkbox"/> 45 €

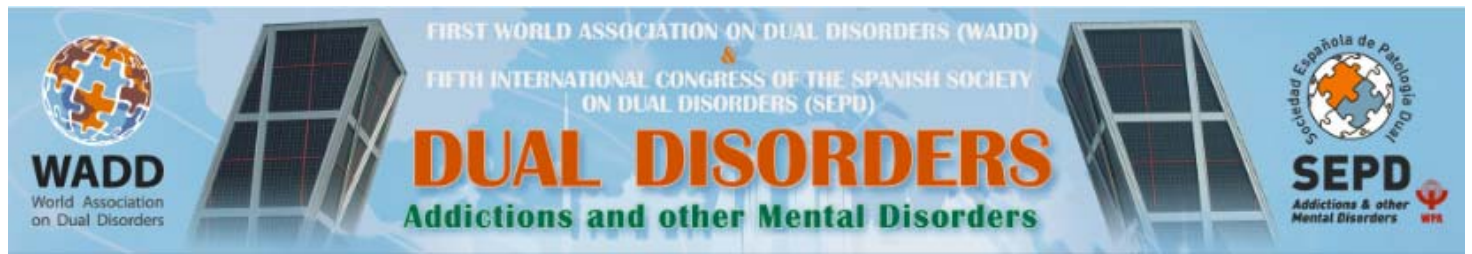
VAT included

** Pregraduates need to proof their status of pregraduates in Medicine, Psychology, Social Work or Occupational Therapy sending a certificate to secretariat-reg@icdd-congress.com.

* Professionals in Training are required to send a certificate to secretariat-reg@icdd-congress.com proving their status.

Cancellation Policy

- Cancellations must be notified in writing to the Congress Secretariat: secretariat-reg@icdd-congress.com
- Cancellations received before January 1st 2017: will be refunded less 30€ of Handling Fee
- No refunds will be made for cancellations received after January 2nd 2017 or No-Show



NETWORKING EVENT FUNDACION PATOLOGÍA DUAL

Venue	Date	Members SEPD/ WADD	Non Members SEPD/ WADD
Real Café Bernabeu	25th March	40,00 €	50,00 €

PAYMENT

Registration : _____ € Networking Event : _____ € Total: _____ €

Bank transfer : All payments must be identified with the congress name “Registration Congress ICDD 2017” and participant name. Complete this form in PDF format and with a copy of the bank transfer must be submitted to the Congress secretariat: secretariat-reg@icdd-congress.com

*Bank costs are not applicable to the Conference secretariat

Holder: TILESAS KENES SPAIN

Bank: BBVA

Address: C/ Alcalá, 153. 28028 Madrid

Account: 0182 5502 5402 0156 9768

IBAN: ES36 0182 5502 5402 0156 9768

SWIFT: BBVAESMM

Credit card

I authorize TILESAS KENES SPAIN to charge to this credit card the full amount. With my signature I confirm that I have read and am fully aware of the cancellation policy of this form:

Visa MasterCard AMEX

Credit Card Number |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Expiry Date |_|_|/|_|_| CVV |_|_|_|

Date, name and signature of the holder: (required)

Personal Insurance

The meeting organisers cannot accept liability for personal injuries sustained, or for loss or damage of property belonging to meeting participants, either during, or as a result of the meeting. Please check the validity of your own insurance.