

Therapeutic Patient Education 2006

Patient-centred Self-management Education and Long-term Follow-up Strategies in Diabetes and Other Chronic Diseases

Including 3rd International DAWN Summit: From Practice and Research to Large Scale Implementation Dedicated to the contribution of Jean-Philippe Assal to TPE

Florence, Italy, April 27-30, 2006

REGISTRATION AND ACCOMMODATION FORM

Please PRINT in BLOCK LETTERS and FAX, EMAIL or AIRMAIL to:

KENES *International*
CARES FOR YOUR ORGANIZATION

Registration and Accommodation Dept.

17 Rue du Cendrier

Ch-1211 Geneva 1

Tel: +41 22 908 0488

Fax: +41 22 732 2850

E-mail : reg_tpe@kenes.com

Identification

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participant (Please TYPE or PRINT IN BLOCK LETTERS)

Family Name Initials First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office Residence

Institute Dept.

No. Street Suite/Apt.

City State/Province Country Postal code

Telephone (office hours):Country code/city code/number Fax: Country code/city code/number

E- Mail Address

Registration Fees

	Until January 15, 2006	From January 16, 2006	On site from April 20, 2006
Participants – Physicians and scientists	<input type="checkbox"/> € 380	<input type="checkbox"/> € 430	<input type="checkbox"/> € 470
Residents *, nurses, dieticians, psychologists, social workers	<input type="checkbox"/> € 300	<input type="checkbox"/> € 350	<input type="checkbox"/> € 370
Farewell Dinner	<input type="checkbox"/> € 75	<input type="checkbox"/> € 75	<input type="checkbox"/> € 75

*Refers to non-tenured junior scientists. A letter must accompany registration form from their head of department confirming their status.

CANCELLATION POLICY – REGISTRATION

All cancellations must be faxed, electronically mailed or post-marked:

Refund of registration fees will be as follows:

Postmarked before January 15, 2006 - 100% refund(minus € 50 handling fee)

Postmarked from January 16, 2006 – 50 % refund

No refund on cancellations sent after March 27, 2006

Last Name _____

TPE 2006

ACCOMMODATION: Please indicate hotel preference:

Hotel	Single room	Double room
Grand Hotel Baglioni	<input type="checkbox"/> € 240	<input type="checkbox"/> € 250
Albani	<input type="checkbox"/> € 185	<input type="checkbox"/> € 205
Grand Hotel Adriatico	<input type="checkbox"/> € 185	<input type="checkbox"/> € 205
Londra	<input type="checkbox"/> € 185	<input type="checkbox"/> € 200
Starhotel Michelangelo	<input type="checkbox"/> € 185	<input type="checkbox"/> € 205
Athaneum	<input type="checkbox"/> € 175	<input type="checkbox"/> €195
Brunelleschi	<input type="checkbox"/> Single for single use € 165 <input type="checkbox"/> Single queen size bed € 190 <input type="checkbox"/> Double for single € 210	<input type="checkbox"/> €230
Cellai	<input type="checkbox"/> € 145	<input type="checkbox"/> € 165

All rates are per room, per night and include VAT and breakfast. Early reservation is highly recommended!

RESERVATION:

When booking, please complete this hotel reservation form and return to Kenes International, no later than March 15, 2006. Requests will be accepted thereafter, however, hotel accommodation is subject to availability, and cannot be guaranteed. **After this deadline, bookings are only possible against full payment by credit card.**

Type of room required Single Double* Other

Check In _____

Check out _____

Total night/s _____

* I will share my accommodation with: _____

PAYMENT

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Registration Fees Euro _____

Deposit for Hotel Accommodation Euro _____ (deposit of **200 €** per room)

Total: Euro _____

Option 1: Credit Card .

Visa MasterCard Diners Amex

Number _____ Expiry Date (month/year) _____

Name as shown on card: _____

Family Name _____ First name _____

Option 2: Bank Transfer - with your name and address indicated on the reverse. If payment is made for more than one person or by a company please make sure all names are indicated and send fully completed registration and accommodation forms together with a copy of the bank transfer. Please make drafts payable to: "TPE 2006 " Bank Account: Credit Suisse Bank Geneva, 1211 Geneva 70, Switzerland
Clearing Number: 4251, Bank Account number: 693980-52-34, IBAN number: CH11 0425 1069 3980 5203 4
Bank charges are the responsibility of the participant and should be paid at source in addition to the registration and accommodation fees.

Option 3: Cheque made payable to: "TPE 2006"

Enclosed cheque number: _____ Bank : _____

CANCELLATION POLICY – HOTEL ACCOMMODATION. All changes or cancellations have to be made in writing to Kenes International. Please do not contact the hotel directly.

In the event of non-arrival, the hotel will automatically release the reservation, and payment will be non-refundable.

- Up to 90 days prior to arrival – full refund less bank charges
- From 60-90 days prior to arrival – deposit non-refundable
- From 30-60 days prior to arrival – 2 nights cancellation fee
- Less than 30 days prior to arrival – full cancellation charges

Date _____ Signature _____

By signing this form you authorize KENES INTERNATIONAL to charge the above credit card for the balance of your account three weeks prior to your arrival for services ordered.