



Acapulco, Mexico | March 7-11, 2010

8th INTERNATIONAL SYMPOSIUM ON PEDIATRIC PAIN

MARCH 07 – 11, 2010

Registration Form

Page 1 of 4

The **PREFERRED METHOD** of **REGISTRATION** is via the **WEB** at www.ispp2010mexico.com

A. REGISTRATION INFORMATION - Please fill in BLOCK LETTERS (one Registration Form per Delegate)

PLEASE NOTE: By completing this Registration Form, you have released your contact information for use by the 8th International Symposium on Pediatric Pain (ISPP 2010) and you have read, understood and agree to all cancellation policies and terms and conditions outlined throughout this form, brochures and the website.

ICS use only	

First Name: _____ Last Name: _____

Preferred Name for Badge: _____
(Badge will show first and last name unless otherwise indicated here)

Primary Occupation (select all that apply): Nurse Pharmacist Physician Psychologist Administrator
 Researcher Occupational Therapist Physiotherapist
 Other Health Care Professions or Scientific Disciplines (please specify) _____

Dr. Professor Mr. Mrs. Ms. (Check one) Primary Academic Title: _____

University/Hospital/Other Affiliation: _____ Dept.: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____ Country: _____

Phone: (Country Code: _____) _____ Fax: (Country Code: _____) _____

E-mail: _____
(Mandatory – Confirmation letter will be provided via Email)

Please indicate special requirements (e.g. dietary/mobility): Vegetarian Other _____

B. ACCOMPANYING PERSON REGISTRATION includes: Name Badge, Opening Ceremony, Welcome Reception, Exhibit Hall Access, Coffee Breaks and Acapulco City Tour.

Accompanying Person - \$200 USD Dr. Professor Mr. Mrs. Ms. (Check one)

First Name: _____ Last Name: _____

Please indicate special requirements (e.g. dietary/mobility): Vegetarian Other _____

Please indicate which Acapulco City Tour you will participate in (Included in Accompanying Person Registration)

Monday, March 08, 2010 (11:00 – 15:00) **-OR-** Wednesday, March 10, 2010 (11:00 – 15:00)

ACCOMPANYING PERSON REGISTRATION SUBTOTAL \$ _____ USD

C. REGISTRATION includes: Name Badge, Symposium Bag, On-site Program & Symposium Handouts, Abstract Materials, Opening Ceremony, Welcome Reception, Scientific Program Sessions, Exhibit Hall Access and Coffee Breaks. Please check the appropriate box.

FULL REGISTRATION	Early (On or before December 04, 2009)	Regular (On or before February 05, 2010)	Late/On-Site (After February 05, 2010)	Total Costs
<input type="checkbox"/> Full Registration	\$675 USD	\$775 USD	\$825 USD	\$ _____ USD
<input type="checkbox"/> *Trainees (Resident in Training)	\$325 USD	\$375 USD	\$425 USD	\$ _____ USD
<input type="checkbox"/> **Students	\$325 USD	\$375 USD	\$425 USD	\$ _____ USD
<input type="checkbox"/> ***Developing Nations	\$300 USD	\$325 USD	\$350 USD	\$ _____ USD

* Trainees/** Students: MUST state the name of the Institution where they are studying or working: _____. As well, Trainees/Students are required to submit an official letter on their Institution's letterhead OR photocopy of their 2008/2009 Student ID from the Institution where they are studying/working indicating proof of their Trainee/Student status. Please fax this Registration Form to +1 604 681 1049 along with proof of Trainee/Student status or mail to the Symposia Secretariat at the address below. Registration will not be processed without receipt of this documentation.

*** Developing Nations: A list of countries eligible for developing nation status can be found on the registration page of the Symposium website: www.ispp2009mexico.com. The registered delegate must reside in a developing nation to receive the discounted developing nation rate. Proof of address may be requested.

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: ispp09-registration@meet-ics.com



8th INTERNATIONAL SYMPOSIUM ON
PEDIATRIC PAIN
MARCH 07 – 11, 2010
Registration Form

The **PREFERRED**
METHOD of
REGISTRATION is
via the **WEB** at
www.ispp2010mexico.com

Acapulco, Mexico | March 7-11, 2010

Page 2 of 4

FIRST & LAST NAME _____ PHONE _____

SINGLE DAY REGISTRATION includes: Name Badge, On-site Program & Symposium Handouts, Abstract Materials, Scientific Program Sessions on selected day(s) of attendance, Exhibit Hall Access on selected day(s) of attendance and Coffee Breaks on selected day(s) of attendance. Please check the appropriate box(es).

Monday, March 08, 2010 Tuesday, March 09, 2010 Wednesday, March 10, 2010 Thursday, March 11, 2010
of days _____ @ \$425 USD per day = \$ _____ USD

REGISTRATION (FULL, SINGLE DAY) SUBTOTAL \$ _____ USD

Payment must be received on or before December 4, 2009 to qualify for the Early Registration Fee and on or before February 05, 2010 to qualify for the Regular Registration Fee. Registrations received after February 05, 2010 may be processed at the Symposium. Registrations will not be processed until payment is received in full.

D. EDUCATION DAY REGISTRATION includes: Name Badge, access to on-line Learning Materials, Lunch and Coffee Breaks. Please note, does not include Sunday Evening ISPP Welcome Reception.

	Early (On or before December 04, 2009)	Regular (On or before February 05, 2010)	Late/On-Site (After February 05, 2010)	Total Costs
<input type="checkbox"/> Education Day Registration – Sunday, March 7, 2010 (08:00 - 18:30)	\$275 USD	\$375 USD	\$425 USD	\$ _____ USD

E. MEDIA FESTIVAL SUBMISSION ENTRY Please visit the Symposium website at www.ispp2010mexico.com for more information on the Media Festival and how to submit films. The Media Festival Registration is only available to Full Registration Delegates. **Please indicate the number of submission(s) for payment:**

Media Festival Submissions *******CLOSED******* **Total Costs \$ _____ USD**

F. SOCIAL FUNCTIONS included in FULL Registration and Accompanying Person are Welcome Reception & Opening Ceremony (**Gala Dinner Tickets need to be purchased separately**). For seating & catering purposes, please indicate below if you plan to attend. For more information on these events, please visit the Symposium website at www.ispp2010mexico.com.

	Delegate	Accompanying Person (if applicable)	
Welcome Reception – Sunday, March 7 (Fairmont Acapulco Princess - 18:30 - 20:00)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL TICKETS Please indicate if you require additional tickets: Welcome Reception – Sunday, March 7 (NOT INCLUDED IN SINGLE DAY REGISTRATION)	# of tickets _____ @ \$100 USD per ticket =		\$ _____ USD
Opening Ceremony - Monday, March 8 (Fairmont Acapulco Princess - 08:00 - 08:30)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gala Dinner – Wednesday, March 10 (19:00 - 22:00)			
→ Gala Dinner – Wednesday, March 10 (NOT INCLUDED WITH REGISTRATION FEE, TICKETS MUST BE PURCHASED TO ATTEND)	# of tickets _____ @ \$125 USD per ticket =		\$ _____ USD
SOCIAL FUNCTIONS SUBTOTAL			\$ _____ USD

G. OPTIONAL TOURS & SIGHTSEEING PROGRAM Tours are sold on an optional basis and are dependent upon availability. ICS reserves the right to cancel any or all tours at any time if minimum number requirements are not met. Please indicate your requirements. For more information on Tours, please visit the Symposium website at www.ispp2010mexico.com.

1. Cultural Tour (10:00 - 14:00 - 4 hours)		
<input type="checkbox"/> Sunday, March 7 <input type="checkbox"/> Tuesday, March 9 <input type="checkbox"/> Thursday, March 11	# of tickets _____ @ \$ 35 USD per ticket =	\$ _____ USD
2. Sunset Cruise (16:00 - 21:00 - 5 hours)		
<input type="checkbox"/> Sunday, March 7 <input type="checkbox"/> Thursday, March 11	# of tickets _____ @ \$ 48 USD per ticket =	\$ _____ USD
3. Cliff Divers at Night (20:00 - 24:00 - 4 hours)		
<input type="checkbox"/> Sunday, March 7 <input type="checkbox"/> Thursday, March 11	# of tickets _____ @ \$79 USD per ticket =	\$ _____ USD
4. Taxco on Day (07:00 - 20:00 - 13 hours)		
<input type="checkbox"/> Monday, March 8 <input type="checkbox"/> Wednesday, March 10	# of tickets _____ @ \$ 110 USD per ticket =	\$ _____ USD
5. Acapulco City Tour (11:00 - 15:00 - 4 hours)		
<input type="checkbox"/> Monday, March 8 <input type="checkbox"/> Wednesday, March 10	# of tickets _____ @ \$ 29 USD per ticket =	\$ _____ USD
6. Coyuca Lagoon (11:30 - 18:30 - 7 hours)		
<input type="checkbox"/> Tuesday, March 9 <input type="checkbox"/> Thursday, March 11	# of tickets _____ @ \$ 70 USD per ticket =	\$ _____ USD
OPTIONAL TOURS SUBTOTAL		\$ _____ USD

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: ispp09-registration@meet-ics.com



8th INTERNATIONAL SYMPOSIUM ON
PEDIATRIC PAIN
MARCH 07 – 11, 2010
Registration Form

Acapulco, Mexico | March 7-11, 2010

Page 4 of 4

The **PREFERRED**
METHOD of
REGISTRATION is
via the **WEB** at
www.ispp2010mexico.com

FIRST & LAST NAME _____ PHONE _____

ACCOMMODATION CANCELLATION AND RESERVATION CHANGES

Please note, up to **Friday, February 05, 2010** cancellations or changes to arrival and departure dates (based on availability) of existing bookings are to be performed by the ISPP2010 Secretariat (please do not contact the hotel directly). Cancellations or changes **WILL NOT** be accepted by phone. All cancellations or changes must be requested in writing by mail, fax or email (preferred).

ACCOMMODATION CANCELLATION POLICY

Cancellations must be made no later than 48 hours prior to arrival to avoid a penalty charge of one night's room and tax which will be applied to the credit card on file or loss of cheque or bank transfer deposit.

Please Note: Failure to arrive on the scheduled arrival date will result in cancellation of the hotel reservation and a charge equal to one night's room and taxes or more charged to the credit card number given above or loss of cheque or bank transfer deposit. Please confirm the length of your stay with the hotel at check-in time. Should you decide to leave earlier, the hotel may charge for all nights reserved.

If you have any questions, please email: ispp09-registration@meet-ics.com

➔ IF YOU HAVE NOT USED THE ISPP 2009 SECRETARIAT TO MAKE YOUR RESERVATIONS, PLEASE PROVIDE THE NAME OF THE HOTEL YOU ARE USING FOR EMERGENCY CONTACT PURPOSES: _____

TOTAL PAYABLE (please add Sections B, C, D, E, F, G, H & I)

TOTAL

METHOD OF PAYMENT:

Visa MasterCard

Credit Card Number: _____ Expiry Date: ____ / ____

Cardholder's Name: _____ Cardholder's Signature: _____

Charges on your credit card statement will appear as "International Symposium Services" and will be converted to your currency.

Cheque (Personal Cheques not accepted) **Bank Draft/Money Order** **Bank Transfer**

- Charges on your **Credit Card** Statement will appear as "International Conference Services" and will be converted to your currency
- Make **Cheques** Payable to "International Conference Services/ ISPP10"
- **Bank Transfers:** Beneficiary Name: International Conference Services Ltd/ISPP09, Correspondent Bank: HSBC Bank USA SWIFT Code MRMDUS33, ABA N° 0210-0108-8, Account: 000050881, Destination Bank: HSBC Canada SWIFT Code: HKBC CATT, Institution #016 Transit #10270 Account# 247475072, Bank Address: HSBC Canada, 885 West Georgia St., Vancouver, BC, Canada V6C 3G1
- **It is the delegates' responsibility** to ensure all bank transfer fees are paid over and above the registration fees owed. Otherwise, delegates will be asked to pay any outstanding balance at the on-site registration desk

- **REFUND & CANCELLATION POLICY:** Registration cancellations received in writing at the ISPP 2010 Secretariat's address by **February 5, 2010** will be accepted and all fees refunded, less a \$100 USD administrative fee (as per Committee policy). Cancellations received after **February 5, 2010** will not be refunded however, transfer of your registration to another person is acceptable. A completed Registration Form for the new person must be faxed or mailed to the Symposium Secretariat prior to the Symposium, explaining who is being replaced. **DO NOT USE THE ON-LINE REGISTRATION FORM FOR THIS PROCEDURE.** No refunds will be made for non-attendance at the Symposium.

B. _____ (Accomp Person Registration)
C. _____ (Full/Single Day Registration)
D. _____ (Education Day Registration)
E. _____ (Media Festival Submissions)
F. _____ (Social Events)
G. _____ (Optional Tours)
H. _____ (Pre & Post Symposium Tours)
I. _____ (Accommodation)
TTL: _____ USD

RETURN COMPLETED FORM & PAYMENT TO (send only once):

International Conference Services Ltd., 2101 – 1177 West Hastings St., Vancouver, BC, Canada, V6E 2K3
FAX: +1 604 681 1049 • TEL: +1 604 681 2153 • E-mail: ispp09-registration@meet-ics.com