



EUROPEAN SOCIETY OF THORACIC SURGEONS

**ESTS**

**ESTS School of Thoracic Surgery  
10-11 February 2014, Elancourt, Paris**

**Minimally Invasive Surgery for Lung Diseases, Diaphragm Dysfunction and Thoracic Trauma**

**Registration Form**

Please return this form **before Friday 31 January 2014** to:

**Email:** [events@ests.org.uk](mailto:events@ests.org.uk) **Fax:** + 44 203 585 7145, **Tel:** + 44 7885 679192

**Post:** ESTS Event Manager, ESTS London office, Capital Place, 120 Bath Road, Heathrow, London, UB3 5AN, United Kingdom.

**Please complete clearly in BLOCK letters:**

Dr/Prof/Mr/Mrs/Miss **Family Name:** ..... **First Name:** .....

Organisation: .....

Department Head.....Fax Number:.....

Address: .....

City, Postal Code:.....Country:.....

Telephone:.....Mobile Tel: .....

Email 1: ..... Email 2: .....

**1. Transfers:**

Please note that group transportation will only be provided from and to Paris Charles de Gaulle Airport and Paris Orly Airport and the cost is included in your registration fee. Transportation will be arranged between 15:00 and 18:00 hours. We advise that you book your flight arriving on Sunday 9 February 2014 in the late afternoon (between 15.00h and 18.00h) and your departure flight leaving on Tuesday 11 February 2014 in the evening (after 18.30h). Bus transportation will be provided to the airport directly from the Covidien Training Center in Elancourt after the course officially ends and the meeting point for this transportation will be announced nearer the time.

Please advise us of your arrival and departure details as soon as possible. If you do not have these details yet, please send an email to [events@ests.org.uk](mailto:events@ests.org.uk) as soon as you know them. Please note that if these details are not sent by Friday 24 January 2014, no transfers can be arranged.

Transfer Arrival Date: ..... Arrival Flight Number: .....

Arrival Terminal ..... Arrival Flight Time .....

Transfer from: ..... Transfer to: Hotel Pullman Versailles Chateau

Transfer Departure Date: ..... Transfer from: Covidien Training Center Elancourt

Departure Flight Number: ..... Departure Flight Time .....

Transfer to Paris CDG **or** Paris Orly Airport only: .....

**Important please note:** *If you are staying in Paris for additional nights you are required to make your own transfer arrangements from the Covidien Training Center Elancourt – **no** transfer will be arranged back to the Hotel Pullman Versailles Chateau or to the city centre*

**2. Registration:**

The registration fee includes:

- Admission to the course programme
- Conference material
- Certificate of attendance
- Coffee breaks on 2 days
- Luncheons on 2 days
- Dinner on 2 days
- 2 nights in deluxe single room at Hotel Pullman Versailles Chateau

Registered Charity 1094888



Please tick the box that refers to you:  ESTS Member Fee Euro 700.00  Non Member Fee Euro 900.00

To identify your skills and for the organization of operating tables during the course, please complete:

Do you consider yourself to have basic surgical skill?  Yes  No

Do you consider yourself to have advanced surgical skill  Yes  No

Do you wish to be with a colleague at the operating table? If yes, please state name .....

### 3. Hotel Accommodation:

Accommodation is included in the registration fee from check-in on Sunday 9 February 2014 until check-out on Tuesday 11 February 2014.

Please tick the appropriate box(es)

Deluxe Single Room Hotel Pullman Versailles Chateau no charge

Supplement Double Room Euro 50

### 4. Booking Details:

Please state any special requirements you may have:.....

### 5. Payment:

#### Payment by Bank Transfer

Account Name: European Society of Thoracic Surgeons Bank: Royal Bank of Scotland

Account No. ESTSX-EURC

IBAN Code: GB 75 RBOS 1610 7010 0206 45

SWIFT/BIC Code: RBOS GB 2L

Bank sort code: 16-10-70

Payment must be made in full and bank charges will **not** be paid by ESTS and are to be paid by the participant. We do not accept cheques.

#### Payment by Credit Card (Signature of card holder required)

Visa  Mastercard

**Credit card payments incur a fee**

Card number: ..... Expiry date: .....

Cardholder's name: .....

Signature: ..... Date: .....

### 6. Cancellation Policy/Terms and Agreement:

Payment must be received by ESTS by Friday 31 January 2014. If payment is not received in due time, your participation cannot be guaranteed. 50% of the registration fee will be reimbursed up to 14 days before the course. No refund will be granted after that date. A change in VAT may lead to different prices.

ESTS cannot be held responsible for any loss or damaged incurred

**Please indicate by signing that you agree to the above terms (Name) .....**