



## REGISTRATION FORM

### International Breast Ultrasound Course

May 7-9, 2012 IASO MATERNITY HOSPITAL, ATHENS, GREECE

Please fill out this form and mail or send by fax to the Secretariat of the Course before April 30<sup>th</sup>, 2012

PRC Congress & Travel – PUBLIC RELATIONS CENTER

102 Michalakopoulou str., 115 28 Athens, Greece

Tel. : +30-210-7711673, 7756336, Fax : ++30-210-7711289, E-mail : congress2@prctravel.gr

Family name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department/Institution: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Registration fees

EARLY REGISTRATION UNTIL APRIL 13 <sup>th</sup> , 2012	600 EURO
LATE REGISTRATION FROM APRIL 16 <sup>th</sup> , 2012	750 EURO

**Registration fee includes:**

- Course Material
- Coffee during the breaks
- Light Lunch during lunch time
- Certificate of Attendance

**METHOD OF PAYMENT:**

1. I have transferred the total amount of .....EURO to:

**PUBLIC RELATIONS CENTER - (ELENI CHALIVIDOU)**

**ALPHA BANK**

**ACCOUNT NUMBER: 130 00 2310008967**

**SWIFT: CRBAGRAAXX**

**IBAN: GR 7201 401300130 00 2310008967**

\*Please make sure that your name is included with the swift bank order and that the amount is free of any bank charges for the recipient.

2. Credit Cards:      Visa \_\_\_\_\_ Mastercard\_\_\_\_\_

**A photocopy of both sides of the credit card is mandatory.**

Card Type:

Number:

Expiry date :

Card Holder Name:

Cvv Number (last 3 digits at the back of the card):

ID number of the Card Holder:

\* Please note that for payment with credit card a supplement of 3% charge (handling fee) is required.

3.      Personal cheques and Eurocheques are not acceptable.

Cancellation Policy for registrations

For cancellations made before April 13<sup>th</sup>, 2012 no penalty.

For cancellations made after April 16<sup>th</sup>, 2012 no refund will be granted

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signature: \_\_\_\_\_