

REGISTRATION FORM



International Breast Ultrasound Course

June 10-12, 2010 IASO HOSPITAL, ATHENS, GREECE

Please fill out this form and mail or send by fax to the Secretariat of the Course before April 16th, 2010

PRC Congress & Travel – PUBLIC RELATIONS CENTER

102 Michalakopoulou str., 115 28 Athens, Greece

Tel. : +30-210-7711673, 7756336, Fax : ++30-210-7711289, E-mail : congress3@prctravel.gr

Family name: _____ First Name: _____

Department/Institution: _____

Street: _____ City: _____

Zip code: _____ Country: _____

Tel. _____ Fax: _____

E-Mail: _____

Registration fees

EARLY REGISTRATION UNTIL MAY 30 TH , 2010	700 EURO	
LATE REGISTRATION FROM MAY 30 TH , 2010	850 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 ofEURO 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 number:

Expiry date:

Card Holder:

* Please note that for payment with credit card a supplement of 2,5% charge is required.

3. Personal cheques and Eurocheques are not acceptable.

Cancellation Policy for registrations

For cancellations made before May 30th, 2010 no penalty.

For cancellations made after May 30th, 2010 no refund will be granted

Date: ____/____/____

Signature: _____