

REGISTRATION FORM



International Breast Ultrasound Course

May 27-29, 2009 IASO HOSPITAL, ATHENS, GREECE

Please fill out this form and mail or send by fax to the Secretariat of the Course before April 1st, 2009

PRC Congress & Travel – PUBLIC RELATIONS CENTER

102 Michalakopoulou str., 115 28 Athens, Greece

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

Family name: _____ First Name: _____

Department/Institution: _____

Street: _____ City: _____

Zip code: _____ Country: _____

Tel.: _____ Fax: _____

E-Mail: _____

Registration fees

EARLY REGISTRATION UNTIL FEBRUARY 27 TH , 2009	700 EURO	
LATE REGISTRATION FROM FEBRUARY 27 TH , 2009	850 EURO	

Registration fee includes:

Course material

Coffee during the breaks

Light lunch

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 02310008967

SWIFT: CRBAGRAAXX

IBAN: GR 7201 401300130 00 02310008967

*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:

3. Personal cheques and Eurocheques are not acceptable.

Cancellation Policy for registrations

For cancellations made before March 18th, 2009 no penalty.

For cancellations made after March 18th, 2009 no refund will be granted.

Date: ___/___/___ Signature: _____