

REGISTRATION FORM



International Breast Ultrasound Course

JUNE 5th – 7th, 2014, REA MATERNITY HOSPITAL, ATHENS, GREECE

Please fill out this form and mail or send by fax to the Secretariat of the Course before May 16th, 2014

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 MAY 16 th , 2014 | 500 EURO |
| LATE REGISTRATION FROM MAY 16 th , 2014 | 650 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:

BENEFICIARY NAME: PRC CONGRESS & TRAVEL (IORDANIS CHALIVIDIS & SIA EE)

BANK: ALPHA BANK

ACCOUNT NUMBER: 130 00 2320001056

SWIFT: CRBAGRAAXX

IBAN: GR 6001 4013 0013 0002 3200 01056

* 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.

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2. Credit Cards: Visa _____Mastercard_____

Card Type:

Number:

Expiry date :

Card Holder Name:

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

* 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 May 16th, 2014 no penalty.

For cancellations made after May 16th, 2014 no refund will be granted

Date: ____/____/____

Signature: _____