

# REGISTRATION FORM



## IBUS Course: Multimodality Breast Imaging & Image-guided Interventions including ultrasound interactive “hands-on” sessions

JUNE 11<sup>th</sup> – 13<sup>th</sup>, 2015, EUGENIDES FOUNDATION, ATHENS, GREECE

Please fill out this form and send by fax or e-mail to the Secretariat of the Course as soon as possible

PRC CONGRESS & TRAVEL

105 Michalakopoulou str., 115 27 Athens, Greece

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

### PARTICIPANT'S DETAILS

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

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

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

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

Tel. \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### REGISTRATION FEES

EARLY REGISTRATION UNTIL APRIL 1, 2015	<input type="checkbox"/> 400 EURO
LATE REGISTRATION FROM APRIL 1, 2015	<input type="checkbox"/> 500 EURO

**Registration fee includes:** Course Material  
Coffee during the breaks  
Light Lunch during lunch time  
Certificate of Attendance

## METHOD OF PAYMENT

### **1. BANK TRANSFER**

I have transferred the total amount of ..... Euro to the following bank account of PRC CONGRESS & TRAVEL as a full payment for my registration to the IBUS COURSE 2015

Bank Account

**Bank:** ALPHA BANK

**Beneficiary Name:** IORDANIS CHALIVIDIS & SIA E.E

**Account Number:** 130 00 2320001056

**IBAN:** GR 6001 4013 0013 0002 3200 01056

**Swift Code:** CRBAGRAAXXX

- Kindly make sure that your name is noted on the swift bank order and that **respective bank commission has been subdued**
- **Bank Charges are not shared - Bank Expenses should be covered by yourself**
- The bank receipt must be forwarded to PRC Congress & Travel along with this form, by e-mail or fax in order your registration to be confirmed

---

### **2. CREDIT CARD**

I hereby authorize PRC CONGRESS & TRAVEL to immediately charge my credit card mentioned below with the amount of ..... Euro as a full payment for my registration to the IBUS COURSE 2015.

#### **Credit Card Details**

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

CCV Number (last 3 digits at the back of the card): \_\_\_\_\_

Card Holder's Signature: .....

- Card holder's original signature is required to proceed with the registration
  - A photocopy of both sides of the credit card forwarded along with your Registration Form is mandatory
  - **Please note that there is a 3% commission on credit card for bank charges.**
- Personal cheques and Eurocheques are not accepted.**

## INVOICE

In case an Invoice is requested a 23% VAT should be added on the registration fee.

## CANCELLATION POLICY FOR REGISTRATION FEES

For cancellations made up to April 1<sup>st</sup>, 2015 a 100% refund will be granted.

For cancellations made after April 1<sup>st</sup>, 2015 no refund will be available

I hereby confirm that I have read and agree with all terms, conditions and cancellation policy for my registration in IBUS COURSE 2015.

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