

REGISTRATION FORM - 2016



IBUS Multimodality Breast Imaging & Image-guided Interventions Course Detection, Diagnosis, Management

JUNE 9th - 11th, 2016, 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: _____ Specialty _____

Street: _____ City: _____

Zip code: _____ Country: _____

Tel. _____ Fax: _____ E-Mail: _____

REGISTRATION FEES

EARLY REGISTRATION UNTIL APRIL 1, 2016	<input type="checkbox"/> 400 EURO
LATE REGISTRATION FROM APRIL 1, 2016	<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 2016

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: CRBAGRAAXX

- 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 2016.

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 1st, 2016 a 100% refund will be granted.

For cancellations made after April 1st, 2016 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 2016.

Date: ___/___/___ Signature: _____