



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

JUNE 11th – 13th , 2020, IASO HOSPITAL –MAROUSI _ ATHENS, GREECE

REGISTRATION FORM

Please fill out this form and send by fax or e-mail to the Secretariat of the Course
PRC CONGRESS & TRAVEL

105 Michalakopoulou str., 115 27 Athens, Greece

Tel.: +30-210-7711673, 7756336, Fax: +30-210-7711289, E-mail: incentives2@prctravel.gr

PARTICIPANT'S DETAILS

Family name: _____ First Name: _____

Department/Institution: _____ Specialty: _____

Street: _____ City: _____

Zip code: _____ Country: _____

Tel.: _____ E-Mail: _____

REGISTRATION FEES

Early Registration Until April 1st, 2020	<input type="checkbox"/> 400 EURO
Late Registration From April 2nd, 2020	<input type="checkbox"/> 500 EURO

- VAT 24% is not included

Registration fee includes:

- Course Material
- Coffee during the breaks
- Light Lunch
- 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 2020

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



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- Kindly make sure that your name is noted on the swift bank order and that the **respective bank commission has been added.**
- **Bank Charges are not shared - Bank Expenses should be covered by you.**
- The bank receipt must be forwarded to PRC Congress & Travel along with this form, by e-mail or fax in order for 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 2020.

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 must be forwarded along with your Registration Form.
- **Please note that there is a 3% commission on credit card for bank charges.**
- **Personal cheques and Eurocheques are not accepted.**

CANCELLATION POLICY FOR REGISTRATION FEES

For cancellations made up to April 1st, 2020 a 100% refund will be granted.
For cancellations made after April 2nd, 2020 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 the IBUS COURSE 2020.

Date: / /

Signature: