



INTERNATIONAL CONGRESS “END OF LIFE IN CANCER: ACROSS THE BORDERS”

June 18-21, 2015, Halki, Istanbul, Turkey
Holy Theological School of Halki



Please fill out this form and send by fax or e-mail to the Congress Secretariat

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

Professor <input type="checkbox"/>	Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Family Name:		First Name:	
Institution / Department:			
Professional Title:			
Street:		City:	
Zip-code:		Country:	
Tel.:		Fax:	
E-mail:			

REGISTRATION FEES

Categories	EARLY REGISTRATION UNTIL MARCH 31, 2015	LATE REGISTRATION FROM APRIL 1, 2015
Physicians	<input type="checkbox"/> 250 EURO	<input type="checkbox"/> 300 EURO
Other specialities	<input type="checkbox"/> 100 EURO	<input type="checkbox"/> 150 EURO

Registration fee includes

- Access to all Congress Sessions
- Full Congress related material
- Coffee breaks during congress
- Lunches during congress

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 **International Congress “End of life in cancer: Across the borders”**

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 **International Congress “End of life in cancer: Across the borders”**.

Credit Card Details

Visa _____ Mastercard _____

Card Holder's Name: _____

Card Number: _____

Expiry date: _____

CVV 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.

CANCELLATION POLICY FOR REGISTRATION FEES

For cancellations made up to February 28th, 2015 a 100% refund will be granted

For cancellations made from March 1st, 2015 up to March 31st, 2015, a 50% refund will be granted

For cancellations made after April 1st, 2015 no refund will be granted

I hereby confirm that I have read and agree with all terms, conditions and cancellation policy for my registration in the **International Congress “End of life in cancer: Across the borders”**.

Date: ___/___/___ Signature: _____