



Registration Form

A. PARTICIPANT'S DETAILS - please fill in capital letters

Title: Prof. Dr. Mr. Mrs. Other

Degree PhD M.D. Other

*Surname: *First Name:

*Institution: * Department:

*Postal Address: *Postal Code:

*City/State: *Country:

*Telephone: Fax:

*E-Mail:

I wish to share my room with: 1.

B. REGISTRATION

Participant € 650

Registration Fee includes:

- Hotel accommodation in double room* for 5 nights (April 20-25, 2009).
- Welcome Reception
- Admittance to all scientific sessions
- Conference documentation and abstract book
- Certificate of Attendance
- Coffee breaks, lunches and dinners
- Social Events

* Participants are kindly requested to indicate in the registration form the person they would like to share the room with. Single rooms are not available.

C. FLIGHTS

Kindly note that for the needs of the workshop we have booked seats on the following domestic flights. We strongly advise you to book your international flights to and from Athens according to the below itineraries.

x	Flight	Day	Destination	Time of Departure	Time of Arrival	COST
	A3 406	20/04/09	from Athens to Corfu	17.40	18.40	270 €
	A3 403	25/04/09	from Cofru to Athens	10.55	11.55	

x	Flight	Day	Destination	Time of Departure	Time of Arrival	COST
	OA 606	20/04/09	from Athens to Corfu	19.20	20.20	252,48 €
	OA 601	25/04/09	from Cofru to Athens	07.10	08.05	

D. TRANSPORTATION

- By taxi (maximum 3 persons) 32 € per way
 By Bus 10 € Per person per way

Arrival Date: Flight No: Time: No of persons:
 Departure Date: Flight No: Time: No of persons:

E. TRAVEL INSURANCE

- x** **No of Persons**
- No Travel Insurance required
 Insurance for Person(s) (Cost per person 10 €)

CANCELLATION POLICY AND REFUND

For every written cancellation received before March 1, 2009, 50% of the total amount will be refunded. After March 1, 2009 no refund applies. All refunds will be made within two months after the end of the Course. Bank charges will be deducted.

F. PAYMENT IN EURO

All payments should be made in EURO without charges for the beneficiary, to the order of ERASMUS CONFERENCES TOURS & TRAVEL S.A. as follows:

By Bank Transfer

Alpha Bank, Venizelou Branch, Bank Code 014, Account Number: 103-002320-000855, Account Holder:
Erasmus S.A., Swift Code: CRBAGRAAXX, IBAN Number: GR29 0140 1030 1030 0232 0000 855

By Credit Cards

Visa Master Card Eurocard American Express

Credit Card Number:

Credit Card Owner's Name:

Expire Date: Credit Card Verification Number:

It is important that a copy of the bank transfer is sent to the Course Organizing Bureau, Erasmus Conferences Tours & Travel SA by fax to +30 210 7257532 together with the Registration Form.

Please note that respective receipts will be given to you during registration days on site