

REGISTRATION FORM

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

105 Michalakopoulou str., 115 27 Athens, Greece

Tel.: +30-210-7711673, 7756336, Fax: +30-210-7711289, E-mail: congress3@prctravel.gr

PARTICIPANT'S DETAILS

Family name:	First Name:
Department/Institution:	Specialty:
Street:	City:
Zip code:	Country:
Tel.:	E-Mail:

REGISTRATION FEES

Early Registration Specialist Until April 30 th , 2023	<input type="checkbox"/> 248 EURO
Late Registration Specialist From May 1 st , 2023	<input type="checkbox"/> 372 EURO
Early Registration Residents/ Midwives Until April 30 th , 2023	<input type="checkbox"/> 62 EURO
Late Registration Residents/ Midwives From May 1 st , 2023	<input type="checkbox"/> 62 EURO
Early Registration for Online participation Until April 30 th , 2023	<input type="checkbox"/> 148,80 EURO
Late Registration for Online participation From May 1 st , 2023	<input type="checkbox"/> 186 EURO

- VAT 24% included

Registration fee includes:

- ✓ Admission to all scientific sessions
- ✓ Hands on
- ✓ Live Surgery
- ✓ Wi- Fi use
- ✓ Badge and course documents
- ✓ Workshop bag
- ✓ Certificate on Attendance
- ✓ Coffee during the breaks
- ✓ Lunch

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 MANOSMEDI WORKSHOP 2023

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 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 MANOSMEDI WORKSHOP 2023

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 30th, 2023 a 100% refund will be granted.

For cancellations made after May 1st, 2023 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 MANOSMEDI WORKSHOP 2023

Date: _____/_____/_____

Signature: _____