

MEN 2008

11th International Workshop on Multiple Endocrine Neoplasia

European Cultural Center of Delphi, DELPHI, GREECE September 25-27, 2008

REGISTRATION & RESERVATION FORM

Please type or print in block letters and return this form to the Congress Secretariat:

 ERA Ltd, 17, Asklipiou Str-106 80, Athens, Greece, **either by Fax:** (+30) 210 3631 690, or **by e-mail:** info@era.gr

Family name: _____ First name(s): _____ M.I.: _____

Title: Mr. / Ms. Dr / Prof

Institute: _____

No: _____ Street: _____ Suite/ Apt: _____

City: _____ Zip code: _____ Country: _____

Tel.: _____ Fax: _____
Country code / City code/ Number Country code / City code/ Number

E-mail*: _____

Accompanying Person(s):

Family Name: _____ First Name(s): _____

* Please fill in legibly to avoid time consuming correspondence. All confirmation will be sent via e-mail.

I. Registration

Description	Until June 13 th	After June 13 th
PARTICIPANTS	350€ <input type="checkbox"/>	400€ <input type="checkbox"/>
FELLOWS / RESIDENTS / TRAINEES *	200€ <input type="checkbox"/>	250€ <input type="checkbox"/>
MEDICAL STUDENTS	50€ <input type="checkbox"/>	100€ <input type="checkbox"/>
ACCOMPANYING PERSON	120€ <input type="checkbox"/>	120€ <input type="checkbox"/>

Total for Registration Fees (I) €

* Training confirmation letter should accompany the registration

Registration Fees for Participants & Fellows/ Residents / Trainees include:

- Access to the Scientific Sessions
- Workshop Material (Congress kit, Certificate of Attendance)
- Coffee Breaks
- Welcome Reception on September 25th
- Farewell Dinner on September 27th
- Light Lunch

Registration Fees for Students include:

- Access to the Scientific Sessions
- Workshop Material (Congress kit, Certificate of Attendance)
- Coffee Breaks

Registration Fees for Accompanying Persons include:

- Welcome Reception on September 25th
- Farewell Dinner on September 27th
- Light Lunch

II. Transportation from/to Athens by bus

Itinerary	Cost per person	X Persons
Athens-Delphi on September 25 th (10.00 hrs)	€ 25	X
Delphi-Athens on September 28 th (10.00 hrs)	€ 25	X

Total for Transportation (II) €



Check in date: ___/___/2008

Check out date: ___/___/2008

Hotel name	Cat.	Distance from the Course Venue	Single room	Double room	Triple room
European Cultural Centre of Delphi - Guests' room	3 stars	Walking Distance	€ 90	€ 120	-
Amalia Hotel	4 stars	Walking Distance	€ 118	€ 145	€ 185
Delphi Palace Hotel	4 stars	Walking Distance	€ 110	€ 120	€ 130
King Iniohos	3 stars	Walking Distance	€ 93	€ 100	€ 120
TOTAL FOR HOTEL ACCOMMODATION (III) €					

Cancellation of registration

For written cancellation of registration received by **April 1st**, the Congress Secretariat will refund the registration fees minus an administration fee of €50. Please note that no refunds can be made after that date.

Method of Payment for Hotel Accommodation

- 30% deposit, payable to ERA Ltd, is required in order to confirm the Package of Hotel Accommodation.
- Full payment for Registration and Hotel Accommodation, should reach the Workshop Secretariat not later than August 25th, '08.

Cancellation Policy for & hotel accommodation

- Written cancellation, for hotel accommodation, received by **July 1st**: Full refund less **50€** administration fees will be charged.
- Written cancellation for hotel accommodation received by **July 31st**: **1 night cancellation fee applies.**
- Written cancellation, for hotel accommodation received by **August 25th**: **2 nights cancellation fee apply.**
- Written cancellation, for hotel accommodation from **August 25th** and onwards: **No refund can be made.**

Payment can be effected either:

a) By bank remittance stating the "MEN 2008", as well as, the name of the participant:
To Bank of Cyprus -Athens Branch-11, Vas. Sofias Ave. & Sekeri Str., GR-106 71 - Athens, Greece, to the order of **ERA Ltd** Account No: **1 1 7 9 0 4 0** (Swift Code: BCYPGRAA), IBAN: GR6907300010000000001179040
Please enclose a copy of transfer receipt with the form.

Charges are the responsibility of the participants and should be paid at source in addition to the accommodation fees.

b) By major credit cards. Please complete the relevant information as described below.
Written confirmation will be sent by **ERA Ltd**, upon receiving your Reservation form.

For deposit: I authorize **ERA Ltd** to debit my Credit Card, for the Sum of: **EUR** _____

For full payment: I authorize **ERA Ltd** to debit my Credit Card by **August 25th, 2008** and settle my debit account to the Congress.

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number: - - -

3 last digits: _____

Valid from (For AMEXCO card holders) ___ / ___

Expiration Date: ___/___ Cardholder's name: _____

Signature : _____

Date: ___/___/___

