

REGISTRATION FORM

Please complete the present Registration Form (in block capital letters)
and return it to the **Organizing Secretariat:**
Global Events: E-mail: athens@globalevents.gr

A. PERSONAL INFORMATION

Surname: _____ First Name: _____

Specialty: Orthopaedic Other: _____

City: _____ Zip Code: _____

Tel.: _____ Fax: _____ Mobile Phone: _____

Email: _____

B. REGISTRATION FEES

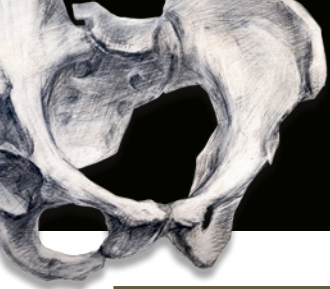
CATEGORY	COSTS
Orthopaedic / Other (Scientific Program)	150 €
Orthopaedic (Scientific Program & Hands - on Workshop)	450 €

24% VAT is included in the aforementioned prices

Registration Fee includes:

- Scientific Program: • Attendance of the Scientific Program • Conference material • Certificate of Attendance
- Scientific Program & Hands - on Workshop: • Attendance of the Scientific Program & Hands - on Workshop • Conference material • Certificate of Attendance

Registration Fees are non-refundable.



1st Athens Pelvic and Acetabular Course & Hands-on Workshop

14-17
June 2018

PAYMENT CONDITIONS

Full payment is required no later than 11/5/2018

Payment options:

- By bank transfer to:

ALPHA BANK

Account Number: 480 002 002 002694

IBAN No. GR 2501404800480002002002694

SWIFT CODE: CRBAGRAAXX

To the order of: GLOBAL EVENTS, by mentioning the Congress and participant's name

EUROBANK

Account Number: 00260366 910200197785

IBAN No. GR 2302603660000 910200197785

SWIFT CODE: ERBKGRAA

To the order of: GLOBAL EVENTS, by mentioning the Congress and participant's name

NATIONAL BANK

Account Number: 878/201858-63

IBAN No. GR 7601108780000087820185863

SWIFT CODE: ETHNGRAA

To the order of: GLOBAL EVENTS, by mentioning the Congress and participant's name

- By Credit Card (VISA, MASTERCARD, AMERICAN EXPRESS):
 - All major credit cards are accepted. Please send a fax, letter or e-mail, with your credit card number, expiration date and authorization to charge the relevant amount.
 - For Credit Card payments, please send the following statement, duly signed:

I authorize GLOBAL EVENTS to debit my Credit Card for the total amount of Euro:			
No. Card:			
Expiration date:	Please complete the CVV No of your credit card (last 3 digits in the signature area of the card)		
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>	
Total Amount:			
I hereby acknowledge that I have read and understood the payment terms and conditions			
Date		Signature	

ORGANIZING SECRETARIAT



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