

REGISTRATION & RESERVATION FORM

Please type or print in block letters the present Registration Form and return it to the Congress Secretariat: Global Events, E-mail: <u>info@globalevents.gr</u>.

Surname:				ame:			
Scientific Title:							
Title:	Prof. 🗖	Dr. 🗖	Mr. 🗖	Ms. 🗖			
Mailing Address:							
Zip Code:		Cit	y:	(Country:		
Phone:		Fax:			E-mail:		

A. REGISTRATION FEES

Specialists (EUASSO Members):	100,00 € 🗌
Specialists (Non EUASSO Members):	120,00 € 🗌
Residents (EUASSO Members):	50,00 € 🗌
Residents (Non EUASSO Members):	70,00 € 🗌
Nurses / Undergraduate Students:	Free 🗌

The above mentioned prices include VAT 24%

B. ACCOMMODATION

Hotel	Room for single use
Porto Palace Hotel	145,00€

The above mentioned price is per night and includes breakfast. City tax is not included. It must be paid by the client directly to the hotel receptionist upon check out.

PERSONAL DATA PROCESSING CONSENT

Personal data entered by the participant in this form of participation shall not be divulged to any third party unless required by law or by court order or at the request of any governmental or regulatory authority and when there is explicit consent of the participant to the disclosure in any way of his or her personal data.

Global Events is storing and processing personal data based on the specifications of the applicable legislation maintains a relevant personal data file in full compliance with the applicable data protection legislation that the participant has access to. In detail, our privacy policy can be found at www.globalevents.gr/terms.

Storing and processing of personal data is done in order to provide optimal services on behalf of **Global Events**, to support the communication between **Global Events** and the participant, to respond to any kind of requests, and to provide any kind of information about the services provided and offers with newsletters.

The participant hereby explicitly gives its consent to the storing and processing of the personal data provided herein to **Global Events**, having been specifically informed and in a manner consistent with applicable law. The participant maintains the rights provided by the applicable law (right of access, correction, opposition to the processing of personal data, etc.), which may be be exercised by contacting **info@globalevents.gr**.

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CANCELLATION POLICY

- Registration fees are non refundable.
- For accommodation package.
- Written cancellation received by **10/08/2018**: No cancellation fees.
- Written cancellation or overnight reduction received between 10/08/2018 25/08/2018: 50% cancellation fees apply.
- Written cancellation or overnight reduction received after **25/08/2018**: 100% cancellation fees apply.

PAYMENT CONDITIONS

A deposit of one night accommodation is required to confirm requested accommodation. Payment should be effected:

- By an International Banker's cheque to the order of GLOBAL EVENTS, by mentioning Congress and participant's name.
- By bank remittance to:

ALPHA BANK EUROBANK NATIONAL BANK Account Number: 480 002 002 002694 Account Number: 00260366 910200197785 Account Number: 878/201858-63 IBAN No. GR 2501404800480002002002694 IBAN No. GR 2302603660000 910200197785 IBAN No. GR 7601108780000087820185863 SWIFT CODE: CRBAGRAAXXX SWIFT CODE: ERBKGRAA SWIFT CODE: ETHNGRAA To the order of: GLOBAL EVENTS, To the order of: GLOBAL EVENTS, To the order of: GLOBAL EVENTS, by mentioning the Congress and by mentioning the Congress and by mentioning the Congress and participant's name participant's name participant's name

• By Credit Card

- 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:	Valid from:							
VISA D MASTERCARD	AMERICAN EXPRESS							
Date	Signature							

• No personal cheques are accepted.

If an invoice is required, kindly please complete:

Postal address:	Zip code:	City:
Country:	VAT number:	Tax Authority: