



Cardiovascular MRI & CT with Clinical Correlation,
Learn from the experts

Hands on Training and Lectures

September 27th-29th, 2018

REGISTRATION FORM

Please type or print in block letters the present Registration Form and return it to the: **Congress Secretariat: Global Events, 50A Stadiou Str., 555 35 Pylea Thessaloniki, Greece Tel: +30 2310 247743 / 34, Fax: +30 2310 247746, E-mail: info@globalevents.gr, www.globalevents.gr**

A. DELEGATE'S DETAILS

Surname:		Name:	
Scientific Title:			
Title:	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Mailing Address:			
Zip Code:	City:	Country:	
Phone:	Fax:	Email:	

B. REGISTRATION FEES

	REGISTRATION
Specialists	248 € <input type="checkbox"/>
Residents	200 € <input type="checkbox"/>
Technologists, Technicians & Physicists	180 € <input type="checkbox"/>

All above registration fees include 24% VAT.

The number of participants will be limited. Registrations will be made on a "first come, first served basis".
Please confirm the availability with the masterclass secretariat.
For your registration to be valid full payment is required

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 exercised by contacting info@globalevents.gr.



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CANCELLATION POLICY

- **Registration fees are non refundable**

PAYMENT CONDITIONS

Payment should be effected:

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

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

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

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 LTD to debit my Credit Card for the total amount of

No. Card

Visa American Express Mastercard

Expiration date:
Valid from:

Date: Signature:

- **No personal cheques are accepted.**

Date Signature