

8TH INTERNATIONAL PITUITARY PATHOLOGY MEETING
October 5- 9, 2001, Delphi & Athens, Greece

OPTIONAL TOURS RESERVATION FORM

Please type or print in block letters and return this form along with remittance to : ERA LTD, 8 Alex. Soutsou Str, 106 71 Athens, Greece, Tel : 3634944, 3632950 , fax : 3631690 & e- Mail: info@era.gr , Web site: www.era.gr

All rates are in USD DOLLARS (\$)

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

Address : _____

City : _____ Zip code : _____ Country : _____

Tel : _____ Fax : _____ E-mail : _____

Title : Prof. Dr. Mr. Ms.

Are you going to share room with another person? If so, please mention below your roommate's name:

Last name: _____ First name(s) : _____

I. PRE & POST MEETING TOURS				
NAME OF TOURS	Per Person in Single	Per person In Double	No. of persons	Total in USD
<input type="checkbox"/> Aegean Classical (30 September –5 October) inside cabin	\$ 1550	\$ 1200	X.....	
<input type="checkbox"/> Aegean Classical (30 September–5 October) outside cabin	\$ 1800	\$ 1300	X.....	
<input type="checkbox"/> Island hopping to Rhodes (2 – 5 October)			X.....	
<input type="checkbox"/> Island hopping to Rhodes (10 – 13 October)	\$ 350	\$ 300	X.....	
<input type="checkbox"/> Island hopping to Crete (2 – 5 October)			X.....	
<input type="checkbox"/> Island hopping to Crete (10 – 13 October)	\$ 350	\$ 300	X.....	
<input type="checkbox"/> Island hopping to Myconos (2 – 5 October)			X.....	
<input type="checkbox"/> Island hopping to Myconos (10 – 13 October)	\$ 350	\$ 300	X.....	
<input type="checkbox"/> Island hopping to Kos (2 – 5 October)			X.....	
<input type="checkbox"/> Island hopping to Kos (10 – 13 October)	\$ 380	\$ 340	X.....	
<input type="checkbox"/> Island hopping to Santorini (2 – 5 October)			X.....	
<input type="checkbox"/> Island hopping to Santorini (10 – 13 October)	\$ 550	\$ 450	X.....	
TOTAL PAYMENT (I) IN USD				\$

II. DAILY OPTIONAL TOURS IN ATHENS				
NAME OF TOUR	DATE	Cost Per Person	No Persons	Total in USD
Half Day Tour to Athens	___/___/'01	\$38	X....	
Afternoon tour to Sounion	___/___/'01	\$ 26	X....	
Athens By Night	___/___/'01	\$40	X....	
Full Day tour to Argolis (incl. lunch)	___/___/'01	\$ 68	X....	
One Day Cruise to Saronic Gulf islands (incl. lunch)	___/___/'01	\$ 62	X....	
TOTAL PAYMENT FOR DAILY TOURS (II) IN USD				\$

TOTAL PAYMENT (I) + (II)	\$
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III. PAYMENT CONDITIONS FOR TOURS

- 30% of the Tours should reach the Meeting Secretariat in order to confirm your bookings.
- Full payment of Tours should reach the Congress Secretariat , ERA Ltd., not later than **July 15, 2001**

IV. CANCELLATION POLICY FOR TOURS

- Cancellation should be made in writing to the Secretariat.
- For written cancellation received by August 15th, 2001, a refund less 30% administration charge will be made.
- For written cancellation received after August 15th, 2001, a 100% cancellation fees will apply

V. PAYMENT CAN BE EFFECTED EITHER:

a)By International Bank checks to the order of ERA Ltd.

b)By Bank transfer to the **Bank of Cyprus**, Account number: 1824304 to the order of **ERA Ltd (Swift Code BCYPGAA)**, stating the **8TH International Pituitary Pathology**.

All Bank expenses should be paid in advance by the registrant, so that the net amount transferred is equal to the amount due. Please make sure that your name is stated and include a photocopy of your bank receipt with the completed registration

form.

c)By major credit cards:

I authorize ERA Ltd. to debit my Credit Card , for the total Sum of : USD (\$) : _____

VISA

MASTERCARD

AMERICAN EXPRESS

- - -

Expiration Date: ____/____

Valid From: ____/____(for AMERICAN EXPRESS)

Cardholder's name : _____

Signature: _____