

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

REGISTRATION & 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) : _____

Accompanying person Participant (Note each mentioned participant should complete a separate registration form)

I. REGISTRATION & HOTEL ACCOMMODATION FEES FOR THE DATES OF 5- 10 OCTOBER 2001

PARTICIPANT 'S FEES	On and before May 1	After May 1	TOTAL IN USD
In A' Class Hotel in Delphi and Metropolitan Hotel (De Luxe) in Athens			
▪ Participant in Single room	\$ 950	\$ 1100	\$-----
▪ Participant sharing a twin room	\$ 800	\$ 950	\$-----
In B' Class in Delphi and Metropolitan Hotel (De Luxe) in Athens			
▪ Participant in Single room	\$ 850	\$ 950	\$-----
▪ Participant sharing a twin room	\$ 700	\$ 800	\$-----
ACCOMPANYING PERSON' S FEES	On and before May 1	After May 1	TOTAL IN USD
In A' Class Hotel in Delphi and Metropolitan Hotel (De Luxe) in Athens			
▪ Accompanying person in Single room	\$ 800	\$ 850	\$-----
▪ Accompanying person sharing a twin room	\$ 650	\$ 700	\$-----
In B' Class in Delphi and Metropolitan Hotel (De Luxe) in Athens			
▪ Accompanying person in Single room	\$ 700	\$ 750	\$-----
▪ Accompanying person sharing a twin room	\$ 550	\$ 600	\$-----
TOTAL PAYMENT (I) IN USD	\$		

II. ACCOMMODATION IN ATHENS FOR THE PRE & POST MEETING PERIOD

From: ___/___/'01 (Date)

To: ___/___/'01 (Date)

Description	SINGLE ROOM BB	DOUBLE ROOM BB
METROPOLITAN Hotel (De Luxe)	\$ 125	\$ 140
HOTEL AMALIA (cat. A)	\$ 95	\$ 120
TOTAL PAYMENT (II) IN USD	\$	

TOTAL PAYMENT (I) + (II)

\$

III. PAYMENT CONDITIONS FOR REGISTRATION & RESERVATION

- A non- refundable deposit of \$200 of the Registration / Reservation fees should reach the Meeting Secretariat in order to confirm your bookings.
- Full payment for Registration/ Reservation should reach the Congress Secretariat , ERA Ltd., not later than **July 15, 2001**

IV. CANCELLATION POLICY FOR REGISTRATION /RESERVATION

- 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: _____