INTRAEUROPEAN MEDITERRANEAN CONFERENCE of the INTERNATIONAL ACADEMY of PATHOLOGY

8-10 May 2003
"Astir Palace Resort" Vouliagmeni, Athens, Greece

REGISTRATION FORM

Please type or print in block letters and return this form to :

ERA Ltd , 8 Alexandrou Soutsou Str- Kolonaki 106 71 , Athens , Greece, Tel : (+30) 210 3634 944,
Fax: (+30) 210 3631 690, e- mail : info@era.gr, website: www.era.gr

Conference website: www.mednet.gr/hsap

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

Title : Prof. ❑ Dr. ❑ / Mr. ❑ Ms. ❑

Address: _____

City : _____ Zip code : _____ Country :_____

Tel : _____ Fax : _____ E-mail. : _____

Accompanying Person(s) : Mr. ❑ Ms. ❑ Child(ren) ❑ Age of children : _____
1. Family Name _____ First name(s) : _____
2. Family Name _____ First name(s) : _____

REGISTRATION FEES

	Until April 1st	After April 1st	Persons	TOTAL
MD's	130 €	160 €	X	
Residents	90 €	120 €	X	
Technicians	60 €	90 €	X	
Accompanying persons	70 €	90 €	X	
			TOTAL FOR REGISTRATION FEES	€

Cancellation Policy for Registration
- Written cancellation received by March 15th, 2003: a refund of the total fee, less 25% administration charge, will be made. After that date, no refunds will be made.

Method of Payment for Registration

Payment can be effected either:

a) By bank remittance :
To Bank of Cyprus -Athens Branch-11, Vas.Sofias Ave. & Sekeri Str., GR-106 71 -Athens, Greece
to the order of **ERA Ltd** Account No: **1 1 7 9 0 4 0** (Swift Code: BCYPGRAA), stating the **Intraeuropean Mediterranean Conference of IAP** as well as the name of the participant. Please enclose a copy of transfer receipt with the form. **Charges to be paid by sender.**

b) By International Bankers Cheques payable to ERA Ltd

c) By major credit cards :
Please complete the relevant information as described below.
Written confirmation upon receiving your Registration form and Fees, will be sent by the Conference Secretariat.

I authorize **ERA Ltd** to debit my Credit Card, for the Amount of : €_____

❑ VISA ❑ MASTERCARD ❑ AMERICAN EXPRESS

Card Number: ❑❑❑❑ - ❑❑❑❑- ❑❑❑❑- ❑❑❑❑

Expiration Date : ____/____ Valid from (For AMEXCO card holders) _____ / ___

Signature _____ **Date : ____/____/____**