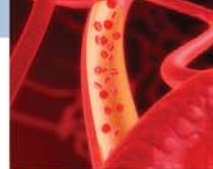


# Registration & Accommodation

## Booking Form



Congress Venue	Congress Secretariat	Hotel Accommodation
Eugenides Foundation 387 Syggrou Av. 175 64 P. Faliro, Athens Greece 11528 Tel: 30-210-9469600 Fax: 30-210-9417372 www.eugenfound.edu.gr	E.T.S. Events & Travel Solutions S.A. 154, El. Venizelou Str. 17122 N. Smyrni, Athens – Greece Tel.: +30 210 98 80 032 Fax: +30 210 98 81 303 E-mail: f.kyritsi@events.gr www.events.gr – www.ets.gr	Metropolitan Athens Hotel 385 Syggrou Av. 175 64 P. Faliro, Athens Greece 11528 Tel: 30-210-9471000 Fax: 30-210-9471010 www.chandris.gr

### Registration Cost (23% VAT excluded)

Please tick with  the type of registration you are entitled to:

Type of Registration	Medical Oncology & Hematology (January 28-31, 2015)	Hematology only (January 31, 2015)
Physicians	200€ <input type="checkbox"/>	50€ <input type="checkbox"/>
Nurse Practitioners Physician Assistants Pharmacists	100€ <input type="checkbox"/>	50€ <input type="checkbox"/>

Registration cost includes:

- Admission to all conference sessions
- Congress proceedings – material, certificate of attendance
- Coffee breaks , light lunches during the meeting

### Accommodation Cost

Limited number of rooms has been pre-booked at the Metropolitan Athens Hotel with special conditions for the Congress' participants.

Please tick with  the type of room you wish to book:

Accommodation at (closest hotel to congress venue)	Single Room for participants for 3 nights
Metropolitan Athens Hotel	330€ <input type="checkbox"/>

\* in double room sharing with participant for 3 nights, including breakfast

Extra night cost(b&b basis)	110€ for single room	120€ for double room
-----------------------------	----------------------	----------------------

50% deposit is required to confirm the accommodation request.  
Full payment is required upon confirmation.



# Registration & Accommodation

## Booking Form

Mr.

Mrs.

Last Name: .....

First Name: .....

Check in date: .....

Check out date: .....

E-mail: .....

Tel. Number ..... Fax Number .....

Mailing Address .....

City, State, Zip, Country.....

### Payment Policy

#### A. By bank transfer

ALPHA BANK, Branch (346), Nea Smirmi, Athens, Greece

Account No: 294 -00- 2320 000 704

IBAN : GR 83 0140 2940 2940 0232 0000 704

Bank Swift Code (BIC) : CRBAGRAAXX

Account Beneficiary : E.T.S. EVENTS ® TRAVEL SOLUTIONS S.A.

#### B. By Credit Card

All major credit cards(Visa, Mastercard, Amex) except of Diners are accepted.

Please send the following statement, duly signed.

I authorize E.T.S. Events ® Travel Solutions to debit my credit card for the total amount of .....€.

Card No:

3 last digits (back side of the card):

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Visa:  American Express:  Master Card:

Signature: .....

#### Cancellation Policy:

Written cancellation received by 21 November 2014: 50% fees apply

Written cancellation received after 21 November 2014: 100% fees apply

For any further information, please contact the Congress Secretariat.

