

ALGOS 2017

INTERNATIONAL SYMPOSIUM

25-28 May 2017, Rodos Palace International Convention Centre, **RODOS, GREECE**

REGISTRATION, ACCOMMODATION & AIRLINE RESERVATION FORM

Please type or print in CAPITAL LETTERS and tick the appropriate . This form is for per delegate only. For additional delegates please have this form photocopied. Please return this form to the Symposium Secretariat:



ERA Ltd, 17, Asklipiou Str- 106 80, Athens, Greece, **either by Fax:** (+30) 210 3631 690, **or by e-mail:** info@era.gr

DELEGATE'S DETAILS

FAMILY NAME: _____

FIRST NAME: _____

TITLE: Mr. Mrs. Ms. Dr. Prof.

INSTITUTION/ORGANIZATION

ADDRESS: _____

CITY/TOWN: _____ **ZIP CODE:** _____ **COUNTRY*:** _____

TEL: _____ **FAX:** _____ **E- MAIL**:** _____ @ _____

MOBILE PHONE: _____

* Country is the Institution or Organization country which also appears on your name badge.

** Please print your e-mail address **legibly** as all correspondence will be delivered by e-mail.

I. REGISTRATION FEE:

| Type of Registration | Until 25/3/2017 | After 25/3/2017 |
|--|--------------------------------------|--------------------------------------|
| WIP/ EuLAP Members - Physicians | <input type="checkbox"/> 330€ | <input type="checkbox"/> 380€ |
| WIP/ EuLAP NON Members - Physicians | <input type="checkbox"/> 400€ | <input type="checkbox"/> 450€ |
| WIP/ EuLAP Members - Residents | <input type="checkbox"/> 180€ | <input type="checkbox"/> 200€ |
| WIP/ EuLAP NON Members - Residents | <input type="checkbox"/> 230€ | <input type="checkbox"/> 250€ |
| HELLENIC MEDICAL ASSOCIATIONS Members- Physicians | <input type="checkbox"/> 200€ | <input type="checkbox"/> 200€ |
| HELLENIC MEDICAL ASSOCIATIONS Members- Residents | <input type="checkbox"/> 150€ | <input type="checkbox"/> 170€ |
| Nurses, Technicians, Physiologists, others | <input type="checkbox"/> 120€ | <input type="checkbox"/> 140€ |
| TOTAL FOR REGISTRATION (I) | | € |

The Registration Fees include: Attend the Scientific Sessions, Visit to the Exhibition area, Congress material, Welcome Dinner on Thursday 25/5/2017, Coffee Breaks, Lunch and Certificate of Attendance for the Congress.

II. ACCOMMODATION: PACKAGE FOR MINIMUM STAY OF (3) NIGHTS: MAY 25-28, 2017

Rates shown below are per room, **FOR THREE (3) NIGHTS STAY** May 25-28, 2017 including Buffet breakfast & taxes as well as Farewell Dinner on May 27th. Hotel reservation with less than 3 overnights will not be accepted.

For three (3) nights minimum stay: **Check in:** 25 May, 2017 - **Check out:** 28 May, 2017 **Total nights : 3**

| Hotel Name | Distance from the Venue | Single Room | Double Room * |
|---|-------------------------|-------------|---------------|
| RODOS PALACE Garden View Tower | Congresss Venue | 480€ | 480€ |
| RODOS PALACE Sea View Tower | Congresss Venue | 510€ | 510€ |
| RODOS PALACE Executive Garden View | Congresss Venue | 510€ | 510€ |
| DIONYSOS | 150m | 360€ | 360€ |
| BELAIR | 300m | 330€ | 330€ |
| TOTAL FOR ACCOMMODATION (II) | | | € |

*** I will share my accommodation:**

- In Double room with: 1. Family Name _____ First name(s): _____

Room reservations will be made on a first-come first-served basis. Please return this form to ERA Lt, no later than **March 25th, 2017**. After this date, requests will be accepted but subject to hotels' availability. Hotels Reservations should be sent to **ERA Ltd** and not to the Hotels.

III. DOMESTIC AIR TICKET RESERVATIONS

Please refer to the website for detailed information (Carrier, Schedules, airfares)
For reservations, please contact **ERA LTD, either by Fax:** (+30) 210 3631 690, **or by e-mail:** info@era.gr

GRAND TOTAL (I, II, III)

€

IV. CANCELLATION POLICY FOR HOTEL ACCOMMODATION

All changes or cancellations have to be made in writing to ERA Ltd. **Please do not contact the hotel directly**

1. Cancellation received by **March 31, 2017: 1 night cancellation charge.**
2. Cancellation received by **April 20, 2017: 2 nights cancellation charge.**
3. Cancellation received after **April 20, 2017** and onward: **No refund.**

In the event of non-arrival, the hotel will automatically release the reservation and payment will be non-refundable.

CANCELLATION POLICY FOR REGISTRATION FEE

- Written cancellation, received by **March 31, 2017:** Full refund less **€ 50** administration fees.
- Written cancellation, received after **March 31, 2017:** No refund & full charge will apply.

CANCELLATION POLICY FOR AIRLINE RESERVATIONS

- Written cancellation, received by **March 31, 2017:** Full refund less **€ 25** handling fee.
- Written cancellation, received after **March 31, 2017:** No refund & full charge will apply.

V. PAYMENT CONDITIONS FOR HOTEL & AIRLINE RESERVATIONS

- **Two (2) nights deposit**, payable to **ERA Ltd**, is required in order to confirm your Hotel Reservation.
 - **50% deposit**, drawn to **ERA Ltd**, is required in order to confirm the **Airline reservations**.
 - **Full settlement** for Hotel accommodation, Tours, Boat & Airline reservations should be effected to **ERA Ltd**, not later than **March 31, 2017**. Your credit card will automatically be charged for your debit balance.
- Participants that have paid with a Bank transfer needs to send their balance to **ERA Ltd**.

VI. PAYMENT CAN BE EFFECTED EITHER:

a) By bank remittance stating the "**ALGOS 2017**", as well as, the name of the participant to:

To **Alpha Bank** to the order of **ERA Ltd** Account No: **101.00.2002.044307**


IBAN GR66 0140 1010 1010 0200 2044 307
SWIFT CRBAGRAAXX
HOLDERS ACCOUNT ERA LTD
BANK ADDRESS 40 STADIUO STR. P.C.102-52, ATHENS KENTPIKO

Please check that your name and the congress name are clearly indicated in order to ensure that the payment will be correctly registered. If payment is made for more one person or by a company please make sure all names are indicated and send fully completed Registration forms together with a copy of the Bank transfer. **Bank Charges should be paid by sender in addition to the Registration and accommodation fees**

b) By major credit cards. Please complete the relevant information as described below.

Written confirmation upon receiving your Reservation form will be sent by  **ERA Ltd**.

For Registration & deposits: I authorize  **ERA Ltd** to debit my Credit Card, for the Sum of : €

For full payment: I authorize  **ERA Ltd** to debit my Credit Card by **March 31, 2017** and settle my debit account to the Symposium .

VISA

MasterCard

CARD NO : _____ - _____ - _____ - _____


Card Expiry Date: ____/____ - Valid from: ____/____ - 3 last digits No at the back side of the card: ____/____/____

Cardholder's name as displayed on the card: _____

Cardholder's original Signature :

Date : / /2017

Please return this form to the official Symposium's Secretariat:

 **ERA Ltd**, 17, Asklipiou Str- 106 80, Athens, Greece, **either by Fax:** (+30) 210 3631 690, **or by e-mail:** info@era.gr