

Registration Form

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to **C&C International S.A.** Tel.: +30 210 68 89 130, Fax.: +30 210 68 44 777, Registrations Department e-mail : Eio-regs@candc-group.com

You may also register online at: www.excellence-in-oncology.org

To be completed by the CO:

Receipt Date:

Registration number:

I. DELEGATE'S DETAILS

Surname:

First name:

Title

(Dr, Mr, Mrs, Ms, other):

Male

Female

Position / Department / Organisation:

Example

Professor/Department of Biochemistry and Molecular-Cellular Biology/University of Michigan, Medical Center, U.S.A.

Correspondence Address
(Street & Nr):

Organisation

Home

City/Town:

Post Code:

Country:

Tel.
(please include country code):

Fax:
(please include country code):

Mobile:

E-mail*:

Social media account(s) (URL) : _____ / _____ / _____

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

II. ACCOMPANYING PERSON'S DETAILS

Surname:

First name:

Male

Female

Adult

Child

Year of birth:

A letter confirming your registration will be sent to you within two (2) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.

III. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile:

E-mail:

IV. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

1) E-mail	4) Journal / Scientific Publication	7) Colleague
2) Internet	5) Poster	8) Professional / Scientific Association
3) Industry	6) Scientific Event	9) Other - Please specify :

V. VISA REQUIREMENTS

If you need visa invitation, please tick the box

A valid passport is generally required. Citizens of the EU countries or holders of Schengen Visa do not need visa to enter Greece (airlines or other carriers require identity card issued by a public authority). For detailed information regarding visa requirements, please visit the website of the Greek Ministry of Foreign Affairs: <http://www.mfa.gr/www.mfa.gr/el-GR/Services/VISAs/ForEmigrants/>

VI. REGISTRATIONS (VAT 21% is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN ONCOLOGY		
	Early Registration Until 10 June 2010	Late Registration from 11 June 2010 until 8 November 2010	ON-SITE Registration 18-20 Nov 2010
Full Delegates	550€	610€	680€
Trainees *	360€	410€	490€
Accompanying Persons	130€		

** Please note that Trainees are kindly requested to provide the Conference Organisers with an official proof of status from the Institution/Hospital they practice their specialty in.*

Registration entitlements:

	Full Delegates	Trainees	Accompanying Persons
Attendance to all scientific sessions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access to the exhibition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in the Opening Ceremony	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participation in the Welcome Reception	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conference Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coffee Breaks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Light Lunches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
City Tour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

VII. CANCELLATION & SUBSTITUTION POLICY

For written cancellations or substitutions* received:

Period	Administrative fee
Until October 20th, 2010	€ 60
from October 21st, 2010 to November 8th, 2010	100% of registration fee

All refunds will be processed two (2) months after the conclusion of the Conference.

- **A Registration Form duly filled in, is required for the replacing delegate.**

VIII. REGISTRATION PROCEDURE

You may pre-register for the Excellence in Oncology by forwarding the Registration Form and your payment to the Conference Organisers following the deadlines outlined in section V. From **November 9th, 2010** and onwards, registrations will be accepted only at the Conference Secretariat operating in the Conference Venue.

IX. PAYMENT DETAILS

You can pay for your registration fee by credit card (belonging either to you or to a third party) or cash on site in EUR only.

Personal cheques are not accepted.

Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa MasterCard AMEX
(not accepted for on line and on site registrations)

Credit card number:

Card expiry date: _____
Month Year

Cardholder's name:
(as displayed on the card)

Cardholder's telephone number
(please include country code): _____

Bank issuing Details: _____

Three digit numbers as displayed at the back side of your card:

I hereby authorize C&C International S.A. to debit this card with the total amount of €.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs in view of his/her participation in the Excellence in Oncology.

Cardholder's Signature:

.....
(Please do not type your name: Original signature is required.)

Please note that in case that you supply information for credit card that belongs to a third party, a photocopy of the credit card and of the cardholder's passport (or ID card) is required in order to proceed with the transaction. In any case, no registration request will be accepted and confirmed without the submission of the above mentioned official documents.

X. BILLING DETAILS

Please tick one of the following billing options: Receipt* Invoice

In case of invoice please fill in the following details:

Individual's name/Company name:

Profession/ Field of activities:

Address (street & number):

Zip code: City: Country:

Tel. (please include country code):

Fax: E-mail:

Tax ID Nr/

VAT number: Local Tax Authority-DOY

(Greek delegates only)

*** A receipt will be issued in case you do not choose one of the options.**

"The Conference Organisers of the Excellence in Oncology reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The conference organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The conference organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."

It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the Excellence in Oncology nor will it be publicized in any other way.

I agree to the collection and processing of my personal data by C&C International Group of Companies, for the purpose of sending information material (newsletter) in relation to conferences with similar topics as well as promotional and advertising e-mails as part of its advertising policy.

YES NO

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date :

Signature.....
(Please do not type your name: Original signature is required.)



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Association Management
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