

Participant		
Title		
Place of Work (to appear on your badge)		
Address for Correspondence		
Email	Tel	Fax
Student <input type="checkbox"/>		
Student Supervisor:		Supervisor's Email:
Please tell us if you have any special requirements (diet, mobility, etc)		

Please tick to indicate your package requirements ✓

PACKAGE 1 ✓ The package includes all sessions, lunches and coffee breaks, documentation and required material, welcome reception, dinner			
Single Participant	Early Bird-Before 1 st April 2020	Booking After 1 st April 2020	Amount to Pay
High income country. Typical	350 € <input type="checkbox"/>	400 € <input type="checkbox"/>	
High income country. Student (excl. dinner)	200 € <input type="checkbox"/>	250 € <input type="checkbox"/>	
Low income country. Typical	250 € <input type="checkbox"/>	300 € <input type="checkbox"/>	
Low income country. Student (excl. dinner)	150 € <input type="checkbox"/>	200 € <input type="checkbox"/>	
Participation to the dinner (for students)	20 €	<input type="checkbox"/>	

TOTAL AMOUNT (of all sections)	Amount to Pay
---------------------------------------	----------------------

PAYMENT

<p>Transfer details Account holder: University of Patras, Special Account for Research Funds Bank name: National Bank of Greece S.A. Account number: 229/54000232 IBAN: GR6001102290000022954000232 SWIFT / BIC CODE: ETHNGRAA</p>

PAYMENT METHOD: Please complete the following:

1. BANK DEPOSIT (details) No: Date of payment:	Amount (€)
--	------------

<p>2. CREDIT CARD</p> <p>Type of card: MASTER <input type="checkbox"/> VISA <input checked="" type="checkbox"/> Other</p> <p>(specify).....</p> <p>Name of Card Holder: _____</p> <p>Number of Card: _____</p> <p>Valid : _____</p> <p>CVV: _____</p>	<p>Amount (€)</p>
---	-------------------

IMPORTANT INFORMATION

ALL PARTICIPANTS:

Please submit your registration form promptly with proof of full payment to:

APOSTOLOS VANTARAKIS
 Professor
 Medical School,
 Department of Public Health
 University of Patras
 Email: mscopyhealth@upatras.gr

☎ +302610969875, +302610969876; Fax: +302610969875

Please ensure that your credit card payment in euro is included with your registration form,
as we are unable to process forms without payment.

Cancellations will be refunded up until **May 15th** but subject to a € 50 fee.

However, substitute delegates are welcomed at no extra charge.