



10TH INTERNATIONAL CONGRESS OF SPORTS MEDICINE ASSOCIATION OF GREECE 8TH GREEK-CYPRIT CONGRESS OF CYPRUS ASSOCIATION OF SPORTS MEDICINE



Veria 19 / 20 / 21 March 2010

www.sportsmedicinegreece.com

REGISTRATION FORM

PLEASE COMPLETE IN BLOCK LETTERS:

TITLE: Prof. Dr. Mr/Mrs.

Last Name:..... First Name:.....

Position:.....

Institute/Company:.....

Address

Post Code: City:.....Country:.....

Tel:..... Fax:.....Email:.....

REGISTRATION FEES

Please tick where appropriate:



	<u>Until 31/1/2010</u>	<u>After 1/2/2010</u>
Members of A.E.E & A.E.K.	120 € * <input type="checkbox"/>	160 € * <input type="checkbox"/>
Doctors	150 € * <input type="checkbox"/>	190 € * <input type="checkbox"/>
Trainee Doctors	100 € * <input type="checkbox"/>	140 € * <input type="checkbox"/>
Physiotherapists	110 € * <input type="checkbox"/>	150 € * <input type="checkbox"/>
Physical Education Teachers	110 € * <input type="checkbox"/>	150 € * <input type="checkbox"/>
Students	70 € * <input type="checkbox"/>	100 € * <input type="checkbox"/>
Students (Members of E.E.Φ.I.E.)	60 € * <input type="checkbox"/>	90 € * <input type="checkbox"/>
Students (Attendance of the Congress only)	FREE <input type="checkbox"/>	FREE <input type="checkbox"/>

* Students' registration form should be accompanied by a letter from the Head of their Department confirming their status and/or a valid student card.

* IVA 19% is not included.

HOW TO REGISTER

Registration to the "10TH INTERNATIONAL CONGRESS OF SPORTS MEDICINE ASSOCIATION OF GREECE & 8TH GREEK-CYPRIT CONGRESS OF CYPRUS ASSOCIATION OF SPORTS MEDICINE" is made by duly completing and sending to the Congress Organization Office via Fax (0030 2310 264082) or email (mtsami@otenet.gr) the Registration Form. The Form should reach the C.O. Office before **12/3/2010**. Following this date registrations will take place on site, in Veria. Confirmation of your pre-registration will be sent by e-mail or fax within 10 days following notification of registration to the Congress Organization Office. In case of non receipt of the confirmation of your pre-registration, please contact the Congress Organization Office.

METHOD OF PAYMENT

Payment can be made by deposits in the:

BANK: ALPHA BANK
BENEFICIARY: MATINA TSAMI CIE
ACCOUNT NO: 70400 200200 6880
IBAN NO: GR80 0140 7040 7040 0200 2006 880

Please make sure that your name, address and the title of the Conference are clearly stated on all payment and transfer documents.