International Congress of the Hellenic Society of Hypertension Cardiovascular Prevention

27 - 30 January 2011 - DIVANI CARAVEL Hotel, Athens - Greece

REGISTRATION & RESERVATION FORM

(To be returned together with proof of payment to: EVENT MAKERS Ltd.,

14 K.Palaiologou street, 17121, N.Smyrni- Athens, Greece,
el. +30 210 9311004-6, Fax: +30-210-9370208, e-mail emetaxa@eventmakers.gr, congress@eventmakers.gr)

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Family Name:	First N	lame:	
Title: Mr. Mrs. I	or. Prof. Prof.		
Institute:			100
Postal Address:			
City: Zip Co	de:	Country:	
Phone:	Fax:	E-mail*:	
* Please complete this field since all co	nfirmation will be sent vio	e-mail	
Registration fees			
General participants			
Residents		70 €	
Nurses / Students		Free	
	The Registration f	ees include:	
Access to the scientific sessions and exhibition		Coffee breaks	
Congress material		Welcome reception	
Certificate of attendance	1000		
Hotel reservation			
Arrival date:	Jan. 2011	Departure date:	Jan. 2011
	SINGLE ROOM	DOUBLE	ROOM
DIVANI CARAVEL Hotel	210€	23	0€

Cost is per room per night including breakfast and all legal taxes

Cancellation and Payment conditions for Registration and Accommodation

Cancellation Conditions

- Registration fees are not refundable
- Cancellation requests for accommodation must be made to the Congress Secretariat in writing.
- Cancellation received till 15th November 2010, 75% cancellation fees apply
- Cancellations received after 16th November 2010, 100% cancellation fees apply

Payment Conditions

- Full payment for registration is required
- At the time of booking, a deposit of one night accommodation is required.
- Full payment for accommodation is required till 15th November 2010

Method of payment for Registration and Accommodation

Payment can be effected either:

[]	\mid By bank remittance stating the congress title as well as the name of the participant, to the following bank account
	(copy of bank document is required). Kindly note that all bank charges must be paid by the registrants and not
	by the beneficiary.

Beneficiary: Event Makers Ltd.

Bank: **EUROBANK**

Account: 0026.0102.15.0200362744

Swift BIC: EFGBGRAA

IBAN: GR4202601020000150200362744

[] By Credit Card – Please complete the relevant information as described below. Written confirmation will be sent by EVENT MAKERS Ltd. upon receiving your registration/reservation booking form.

registration and / or ☐ accommodation to the congress VISA ☐ MASTERCARD ☐	my
Card Number:	
Expiring date: Valid from CV V2 code: CV V2 code:	
rd holder's name:	_
te: Signature:	