

The 3rd Thessaloniki Moorfields revision course in Ophthalmology

22-24 September 2017

Thessaloniki, The Met Hotel



UNDER THE AUSPICES OF THE OPHTHALMOLOGICAL
SOCIETY OF NORTHERN GREECE

www.moorfieldscourse.gr

REGISTRATION & RESERVATION FORM

Please type or print in capital letters and return this form to the Meeting Secretariat:



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

Family name : _____ First name(s) : _____

Title : Mr. Ms. Dr. Prof.

Institute _____

No: _____ Street _____ City: _____ Zip code: _____

Tel: _____ Fax: _____ Mobile: _____

E-mail*: _____

* Please complete this field since **all confirmation will be sent via e-mail.**

I. Registration (VAT excluded)

Description	
Specialists	€ 180 <input type="checkbox"/>
Residents	€ 130 <input type="checkbox"/>
Workshop – Cornea & Refractive surgery	<input type="checkbox"/>
Workshop – Retina	<input type="checkbox"/>
Workshop – Reditric ophthalmology	<input type="checkbox"/>

- Registrations will be confirmed only after the settlement of their payment

The registration fees for all Participants cover:

- Access to the Scientific Sessions and Trade Exhibition
- Badge
- Certificate of Attendance
- Course Bag & Course Material

II. Hotel Accommodation

Arrival date: ___/09/2017 Departure date: ___/09/2017 No of nights: _____

Hotel	Single room – per night
THE MET HOTEL	€ 150 <input type="checkbox"/>

Price include:

- 1 night accommodation single room / double for single use, bed & breakfast
- Minimum stay **2 nights**

Payment and Cancellation conditions for Registration and Accommodation Package

Payment Conditions

- For registrations to be valid, full payment is required.
- 50% of the accommodation package, payable to **ERA Ltd**, is required in order to confirm your Hotel Reservation
- Full payment for accommodation package should reach the Meeting Secretariat, not later than **September 1st, 2017**.

Cancellation Conditions

- Cancellations received by **August 4th 2017**: No cancellation fees apply
- Cancellations received from **August 5th to September 1st 2017**: 50% of the total cost will be refunded
- Cancellations received after **September 1st 2017**: 100% cancellations fees apply.

Method of Payment for Registration / Accommodation Package

Payment can be effected either:

a) **By bank remittance stating the meeting's title, as well as the name of the participant:**

- ◆ To Alpha Bank to the order of **ERA Ltd** Account No: **101.00.2002044307**,
IBAN Code: GR 660140 1010101002002044307
Charges to be paid by sender

Please enclose a copy of transfer receipt with the form.

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

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

For deposit: I authorize **ERA Ltd** to debit my Credit Card, for the Sum of: **EUR** _____

For full payment: I authorize **ERA Ltd** to debit my Credit Card by **September 1st, 2017** and settle my debit account to the Congress

VISA

MASTERCARD

AMEX

Card Number: ____/____/____/____

Expiration Date : ____/____

Cardholder's name: _____

Signature : _____

Date : ____/____/____