

Euro CMR Level 1
October 3-5, 2015 – Athens, Greece

www.eurocmrlevel1athens2015.org

Registration Form



Congress department
49, Vouliagmeinis Av.
116 36, Athens, Greece

Please type in **BLOCK LETTERS** and Fax or EMAIL to:

E-mail: eurocmrlevel1athens2015@gr.hrgworldwide.com

Tel: +30 210 9223300

Fax.: +30 210 9227217

IDENTIFICATION Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

Participants (please TYPE or PRINT IN BLOCK LETTERS)

Family Name _____ First Name _____

E-Mail Address _____ @ _____

Address

Institute _____ Department _____

No. _____ Street _____ Postal Code _____

City _____ State _____ (if applicable) Country _____

Telephone (office hours) County code / city code / number _____

Fax: County code / city code / number _____

Registration Fees – please refer to the website for full details.

	Fees
Doctors under training, students and technologists	€ 200,00
Specialist in Cardiology, Radiology, Internal Medicine, Basic scientists	€ 200,00

- All rates are quoted in Euro and include taxes;
- Registration will only be confirmed upon full payment

Payment (in EURO only)

Please indicate below the amount paid for services booked and method of payment:

Registration EUR: _____

Other Services EUR: _____

Total EUR: _____

- Option 1 – Credit Card** **Visa** **MasterCard** **AMEX**

Card Number _____ Expiry Date (month/year) ____ / ____ CVV (security code) _____

Name as shown on card (Family name / first name) _____

- Option 2 – Bank Transfer:**

Account Holder: **HRG Greece**, BANK: **Eurobank EFG, 19, Kallirois street, 117 43, Athens, Greece**

SWIFT: **EFGBGAAA**, Account No: **0026.0207.63.0201085194**, IBAN: **GR35 0260 2070 0006 3020 1085 194**

All bank charges must be paid by the depositor. No registration will be valid unless the entire fee is paid.

- Option 3 – Eurobank's Live-Pay:**

Eurobank's Live-Pay, is a 24-7 innovative payments service for all individuals, cardholders of any bank's credit card. Please visit www.livepay.gr for more details. In the search field, type **HRG Greece A.E.T.E.** and then follow online instructions.

Registration and other services will only be confirmed if credit card details are fully supplied; alternatively, please forward the payment within 10 working days in order to guarantee your registration and other services.

Date: _____

Signature _____