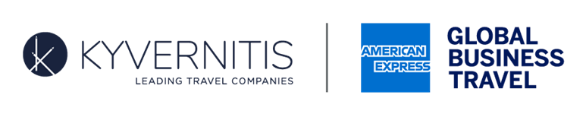
**Athens CMR Level 1-2 2021**

**02-4 October 2021**

<https://www.athenscmrlevel1.com/2021/index.php>

**Registration Form**



**Please type in BLOCK LETTERS** EMAIL to:

E-mail: [athenscmrlevel1@kyvernitis.gr](mailto:athenscmrlevel1@kyvernitis.gr)

**AMEX GBP KYVERNITIS SA**

6, Drosini St.

166 73, Voula, Athens Greece

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Fees** |
| Specialists in Cardiology, Radiology, Internal Medicine, Basic scientists | **€ 50,00** |
| Under Training, students and technologists (for limited number of participants) | **€ 0,00** |

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

**Payment (in EURO only)**

**Registration/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: **EFGBGRAA,** 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](http://www.livepay.gr) for more details. In the search field, type **AMEX GBP KYVERNITIS SA**. and then follow online instructions.

**Registration 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.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_