

Registration Form

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to **C&C International Group of Companies** Tel.: +30 210 6889130, Fax.: +30 210 6844777, Registrations Department e-mail: eir-reg@candc-group.com

You may also register online at: www.excellence-in-rheumatology.org

To be completed by the CO:

Receipt Date:

Registration number:

I. DELEGATE'S DETAILS

Surname:

First name:

Title

(Dr, Mr, Mrs, Ms, other):

Male ☐

Female ☐

Position / Department / Organisation:

Example

Professor/Assistant Dean for Clinical Affairs/ Complete Denture and Biomaterials Departments Medical Center, University of Michigan, Ann Arbor, MI, U.S.A.

Correspondence Address (Street & Nr):

Organisation ☐ Home ☐

City/Town:

Post Code:

Country:

Tel. (please include country code):

Fax:

Mobile:

E-mail*:

Social media account(s) (URL) : / /

***Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.**

II. ACCOMPANYING PERSON'S DETAILS

Surname:

First name:

Male ☐ Female ☐ Adult ☐ Child ☐ Year of birth:

A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.

III. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile:

E-mail:

IV. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

- | | | | | | |
|-------------------------------------|--------------------------|--|--------------------------|----------------|--------------------------|
| 1) E-mail | <input type="checkbox"/> | 6) Professional / Scientific Association | <input type="checkbox"/> | 11) Newsletter | <input type="checkbox"/> |
| 2) Journal / Scientific Publication | <input type="checkbox"/> | 7) Industry | <input type="checkbox"/> | 12) Other | <input type="checkbox"/> |
| 3) Colleague | <input type="checkbox"/> | 8) Scientific Event | <input type="checkbox"/> | | |
| 4) Internet | <input type="checkbox"/> | 9) Speaker | <input type="checkbox"/> | | |
| 5) Poster | <input type="checkbox"/> | 10) Social Media | <input type="checkbox"/> | | |

V. VISA REQUIREMENTS

If you need visa invitation, please tick the box ☐

To find out if you need a visa for your trip to Spain please visit the official website of The Spanish Ministry of Foreign Affairs and Cooperation at: <http://www.maec.es/subwebs/consulados/hongkong/en/menuppal/requirementsentrspainvisas/Paginas/visas.aspx>

VI. REGISTRATIONS (VAT is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN RHEUMATOLOGY 2012			
	Early "Bird" Registration Until 27 June 2011	Early Registration from 28 June 2011 until 24 October 2011	Late Registration from 25 October 2011 until 13 January 2012	ON-SITE Registration 25-28 January 2012
Full Delegates	450€	690€	770€	890€
Trainees / Allied Health Professionals*	300€	460€	530€	620€
Accompanying Persons	170€		190€	190€

* Trainees and Allied Health Professionals are kindly requested to provide the Conference Organisers with an official proof of status from the Institution/Hospital they practice their specialty in.

Registration entitlements:

Registration fee includes :	Full Delegates	Trainees/Allied Health professionals	Accompanying Persons
Participation in all scientific sessions	■	■	
Entrance to the exhibition area	■	■	
Participation in the Opening Ceremony	■	■	■
Participation in the Welcome Reception	■	■	■
Conference Materials	■	■	
Coffee Breaks	■	■	
Lunch Breaks	■	■	
Certificate of attendance	■	■	
City Tour			■

VII. CANCELLATION & SUBSTITUTION POLICY

For written cancellations or substitutions* received:

Period	Administrative fee
Up to August 15th, 2011	NO
from August 16th 2011 to October 31st 2011	€ 60
from November 01st 2011 to January 7th 2012	50% of registration fee
from January 8th, 2012	100% of registration fee

All refunds will be processed within two (2) months from the conclusion of the Conference.

** In case of alteration, a duly filled in Registration form for the replacing delegate must be submitted to the Conference Organisers.*

VIII. REGISTRATION PROCEDURE

You may pre-register for the Excellence in Rheumatology by forwarding the Registration Form and your payment to the Conference Organisers following the deadlines outlined in section VI. From January 14th 2012 and onwards, registrations will be accepted only at the Conference Secretariat which will be operating in the Conference Venue.

IX. PAYMENT DETAILS

You can pay for your registration fee by credit card (belonging either to you or to a third party) or cash on site in EUR only.
Personal checks are not accepted.

Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa ☐ MasterCard ☐ AMEX ☐ *(not accepted for on line and on site registrations)*

Credit card number: | | | | | | | | | | | | | | | |

Card expiry date: _____

Month Year

Cardholder's name: _____
(as displayed on the card)

Cardholder's telephone number
(please include country code):

Bank issuing Details:

Three digit numbers as displayed at the back side of your card: | | |

I hereby authorize **C&C International Group of Companies** to debit this card with the total amount of €.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs in view of his/her participation in the Excellence in Rheumatology.

Cardholder's Signature:
(Please do not type your name: Original signature is required.)

In case you provide information for a credit card that belongs to a third party, a photocopy of the credit card and the cardholder's passport (or ID card) is required in order to confirm the transaction. Please send the requested documentation to the Conference Organisers by fax or email: Fax: +30 210 6844 777 (attn. Registrations Dpt.) Email (Registrations Dpt.): eir-reg@candc-group.com .

X. BILLING DETAILS

Please tick one of the following billing options: Receipt* ☐ Invoice ☐

In case of invoice please fill in the following details:

Individual's name/ Company Name: | | | | | | | | | | | | | | | | | | | | | |

Profession/ Field of activities: | | | | | | | | | | | | | | | | | | | |

Address (street & number):

Zip code: _____ City: _____ Country: _____

Tel. (please include country code):

Fax (please include country code):

E-mail:

Tax ID Nr.:

Local Tax Authority-DOY
(Greek delegates only)

*** A receipt will be issued in case you do not choose one of the options.**

*"The Conference Organisers of the **Excellence in Rheumatology** reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The Conference Organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The Conference Organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."*

*It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the **Excellence in Rheumatology** nor will it be publicized in any other way.*

*I agree to the collection and processing of my personal data **by C&C International Group of Companies**, for the purpose of sending information material (newsletter) in relation to conferences with similar topics as well as promotional and advertising e-mails as part of its advertising policy.*

YES ☐ or **NO** ☐

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....

Signature.....

(Please do not type your name: Original signature is required.)



C&C International
Group of Companies

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