

# 2<sup>nd</sup> International Lung Cancer Seminar


10-12 September 2010

Cultural Foundation of Tinos, Tinos Island, Cyclades - Greece

www.LungCancerSeminar2010.gr

## REGISTRATION & RESERVATION FORM

Please type or print in block letters and return this form to the Seminar Secretariat:

 **ERA Ltd**, 17 Asklipiou Str- 106 80, Athens, Greece, Tel : (+30) 210 3634 944, Fax : (+30) 210 3631 690,  
e- mail: info@era.gr, website: www.era.gr

Family name: \_\_\_\_\_ First name(s): \_\_\_\_\_ M.I.: \_\_\_\_\_

Title: Prof.  Dr.  / Mr.  Ms.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country : \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Accompanying Person(s) : Mr.  Ms.  Child(ren)  Age of children : \_\_\_\_\_

1. Family Name \_\_\_\_\_ First name(s): \_\_\_\_\_

2. Family Name \_\_\_\_\_ First name(s): \_\_\_\_\_

### I. REGISTRATION FEES

TYPE OF REGISTRATION	Until August 11 <sup>th</sup>
General Participation	<input type="checkbox"/> FREE

**Free Registration Fees include:** Access to the Scientific Sessions, Seminar material (Seminar kit, Certificate of Attendance), Opening Ceremony & Welcome Reception on September 10<sup>th</sup>, Coffee Breaks during Seminar, Light Lunches during Seminar and Farewell Dinner on September 11<sup>th</sup>.

### II. PACKAGE OF HOTEL ACCOMMODATION

Arrival Date in Tinos: \_\_\_\_\_ Departure Date from Tinos: \_\_\_\_\_

Hotel: First choice: \_\_\_\_\_ Second choice: \_\_\_\_\_

Hotel name	Cat.	Location	Access to the Seminar Venue	Single room	Double room	Triple room
Tinos Beach Hotel – Superior sea view	4 *	Kionia	Shuttle Bus	<input type="checkbox"/> € 420	<input type="checkbox"/> € 420	<input type="checkbox"/> € 550*
Tinos Beach Hotel – Classic side sea view	4 *	Kionia	Shuttle Bus	<input type="checkbox"/> € 390	<input type="checkbox"/> € 390	<input type="checkbox"/> € 520*
Kavos Ai Sostis studios	4 *	Ai Sostis	Shuttle Bus	<input type="checkbox"/> € 390	<input type="checkbox"/> € 390	<input type="checkbox"/> € 520*
Kavos Ai Sostis apartments	4 *	Ai Sostis	Shuttle Bus	---	<input type="checkbox"/> € 420	<input type="checkbox"/> € 550
<b>TOTAL FOR HOTEL ACCOMMODATION PACKAGE ( II )</b>						€

#### Package of Hotel Accommodation includes:

- Single, Double or Triple room for two (2) overnights (10 & 11 September 2010) at the hotel of your choice, (breakfast & taxes included).
- Arrival and departure transfer from /to port, according to the High Speed reservation mentioned on the Registration-Reservation form for registered participant and accompanying person (s).

\*For children up to 4 years old accommodation is free

For children from 4 years old – 12 years old € 10 daily charges will apply

### III. TRAVEL RESERVATION

TYPE OF VESSEL	DATE	DEPARTURE TIME	ARRIVAL TIME	COST PER PERSON	NUMBER OF PERSONS	TOTAL
High Speed I Rafina - Tinos	10/09	07.20	09.45	€ 55 (econ.)	X.....	
High Speed I Tinos – Rafina	12/09	13.45	16.45	€ 55 (econ.)	X.....	
High Speed V Piraeus - Tinos	10/09	07:15	10.20	€ 55 (econ.)	X.....	
High Speed IV Tinos – Piraeus	12/09	10.35	14.20	€ 55 (econ.)	X.....	
<b>TOTAL (III)</b>						€

- *The above rates include economy class ticket & port taxes, according to the rates valid on 15<sup>th</sup> of June 2010. In case of increase the above cost will be modified accordingly.*
- *For children 4 - 10 years old: 50% discount. For children 0 - 4 years old: Free, with the obligation to take a zero fare ticket*
- **For reservations in different departure date or time please contact ERA LTD**

### IV. SOCIAL ACTIVITIES & TOURS

TYPE OF ACTIVITY	NUMBER OF PERSONS
Opening Ceremony & Welcome Reception on September 10 <sup>th</sup>	X.....
Farewell Dinner on September 11 <sup>th</sup>	X.....
<b>GRAND TOTAL FOR ( I ) + ( II ) + ( III )</b>	
€	

- *The cost of the above social activities are included in the registration fee*

### METHOD OF PAYMENT FOR PACKAGE OF HOTEL ACCOMMODATION & SOCIAL EVENTS

- **30% deposit**, payable to ERA Ltd, is required in order to confirm the Package of Hotel Accommodation – Social Events and Travel Services.
- **Full payment** for the Package of Hotel Accommodation – Social Events and Travel Services should reach the Seminar Secretariat not later **than August 10<sup>th</sup>**.

### CANCELLATION POLICY FOR PACKAGE OF HOTEL ACCOMMODATION & SOCIAL EVENTS

- Written cancellation for **Package of Hotel Accommodation – Social Events & Travel Services** received by **July 10<sup>th</sup>**: a refund of the total reservation fees, less 25% as administration charge, will be made.
- Written cancellation for **Package of Hotel Accommodation – Social Events, Tours & Travel Services** received between **July 10<sup>th</sup>** and **August 10<sup>th</sup>**: a refund of the total reservation fees, less 50% will be made.
- Written cancellation for **Package of Hotel Accommodation – Social Events, Tours & Travel Services** received after **August 10<sup>th</sup>**: no refund can be made.

### PAYMENT CAN BE EFFECTED EITHER BY:

#### 1. Bank Remittance

- **For foreigners** to: BANK OF CYPRUS – Athens branch, 11, Vas. Sofias Ave. & Sekeri str.,Gr, 106 71 Athens, Greece to the order of ERA LTD Account No: 1 1 7 9 0 4 0 (Swift Code: BCYPGAAA, I.B.A.N. GR690730001000000001179040), stating the **2<sup>nd</sup> INTERNATIONAL LUNG CANCER SEMINAR, as well as the name of the participant. Charges to be paid by sender.**
- **For Greeks**: Bank Remittance to: ALPHA BANK Account Nr: 101.00.2002044307 / IBAN GR66 0140 1010101002002044307 stating the **2<sup>nd</sup> INTERNATIONAL LUNG CANCER SEMINAR, as well as the name of the participant. Charges to be paid by sender**  
Please enclose a copy of transfer receipt with the form.

#### 2. By International Bankers Cheques payable to ERA Ltd

#### 3. By major credit cards. Please complete the relevant information as described below.

Written confirmation upon receiving your Registration form and Fees, will be sent by the Seminar Secretariat

**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 August 11<sup>th</sup> and settle my account to the Seminar

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number:     -     -     -

Expiration Date: \_\_\_\_ / \_\_\_\_

Valid from ( For AMEXCO card holders) \_\_\_\_ / \_\_\_\_

Cardholder name: \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_