

# 1<sup>st</sup> Joint Conference

of the

**Hellenic College  
of Pediatrics**



and

**The Royal Society  
of Medicine**



27-28 May 2011

Athens, Greece

Divani Caravel Hotel

## Registration Form

Please fill in the registration form and send it to the Meeting Secretariat:

### FREE SPIRIT

12, Thessalonikis Str. 153 44, Gerakas, Attiki, Greece, Tel.: +30 210 6048260

Fax: +30 210 6047457, E-mail: mschismenou@free-spirit.gr, Web Site: www.free-spirit.gr

Family name: ..... First name: .....

Academic Title: .....

Address: .....

City: ..... Zip code: .....

Country: .....

Tel.: ..... Fax: .....

E-mail\*: .....

\* Please fill in your email address because all confirmation will be sent via e-mail.

### REGISTRATION FEE

Delegates/Trainees/Young internists	150 €
Students	Free

(The above mentioned price includes all legal taxes)

### Registration fee cover:

- Access to the scientific sessions and exhibition
- Meeting material of the Conference
- Welcome Reception (May 27<sup>th</sup> 2011)
- Coffee breaks and light lunches during the Conference

### Payment can be effected

By bank remittance stating the "1<sup>st</sup> Joint Conference of the Hellenic College of Pediatrics and the Royal Society of Medicine", as well as, the name of the participant:

To Piraeus Bank to the order of I. VOUSAS - A. MASTORAS LTD

Account No: 5072 045 459 852

Swift Code: PIRBGRAA

IBAN: GR98 0172 0720 0050 7204 5459 852

Please enclose a copy of the transfer receipt with the form.

### Charges to be paid by sender.

Signature

Date:

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Conference Secretariat



12, Thessalonikis st., 15344

Gerakas, Attiki, Greece

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