

NEW EUROPEAN SURGICAL ACADEMY (NESA) CONGRESS 2009

joined with the 5th BREAST SYMPOSIUM

May 28 - 30, 2009, Aegli Zappeion, Athens, Greece

REGISTRATION, ACCOMMODATION & TOURS RESERVATION FORM (RATES IN EURO)

Please complete in capital letters

DELEGATE INFORMATION

Family name: _____ First name(s): _____ M.I.: _____

Honorific: Prof. Dr. / Mr. Mrs. Ms.

Address: _____

City: _____ Zip code: _____ Country: _____

Tel.: _____ Fax: _____ E-mail *: _____

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

Family Name _____ First name(s): _____

Family Name _____ First name(s): _____

* Please fill in clearly legible, to avoid time consuming correspondence. All confirmation will be sent by e-mail.

I. REGISTRATION FEES

	Until April 20, 2009	After April 20, 2009	TOTAL in €
General Registration	<input type="checkbox"/> 250 EURO	<input type="checkbox"/> 350 EURO	
Accompanying Person	<input type="checkbox"/> 200 EURO	<input type="checkbox"/> 250 EURO	
TOTAL FOR REGISTRATION FEES (I)			€

II. HOTEL RESERVATION (Daily hotel rates per room, including Buffet Breakfast & taxes)

Check-in date: Flight No: Check-out date: Flight No:

Hotel name	Cat.	Single room	Double room	Nights	TOTAL in €
Amalia Hotel	4*	<input type="checkbox"/> € 160	<input type="checkbox"/> € 170	X	
Athens Gate Hotel	4*	<input type="checkbox"/> € 140	<input type="checkbox"/> € 150	X	
TOTAL FOR HOTEL ACCOMMODATION (II)					€

III. DAILY ORGANIZED TOURS

	Preferred date	Cost per person	No. of persons	Total in €
<input type="checkbox"/> Athens Sightseeing tour (09:00-12:30)	___/May/2009	€ 50	X	
<input type="checkbox"/> Cape Sounion (15:00-19:00)	___/May/2009	€ 38	X	
<input type="checkbox"/> One day Delphi, including lunch (08:45-19:00)	___/May/2009	€ 93	X	
<input type="checkbox"/> One day Argolis, including lunch (08:45-19:00) Except Sundays, Mondays and Fridays	___/May/2009	€ 93	X	
<input type="checkbox"/> One day Cruise including lunch (08:00-19:15)	___/May/2009	€ 95	X	
TOTAL FOR DAILY OPTIONAL TOURS (III)				€

IV. OPTIONAL PRE & POST CONGRESS TOURS

	Dates		Cost in Single room (1 bed)	Cost per pers in Double room	No. of Pers.	Total in €
	Pre	Post				
<input type="checkbox"/> Island Hopping Myconos	<input type="checkbox"/> 24-27/5	<input type="checkbox"/> 31/5-3/6	<input type="checkbox"/> € 640	<input type="checkbox"/> € 425	X	
<input type="checkbox"/> Island Hopping Crete	<input type="checkbox"/> 24-27/5	<input type="checkbox"/> 31/5-3/6	<input type="checkbox"/> € 570	<input type="checkbox"/> € 380	X	
<input type="checkbox"/> Island Hopping Santorini	<input type="checkbox"/> 24-27/5	<input type="checkbox"/> 31/5-3/6	<input type="checkbox"/> € 570	<input type="checkbox"/> € 390	X	
<input type="checkbox"/> Island Hopping Rhodes	<input type="checkbox"/> 24-27/5	<input type="checkbox"/> 31/5-3/6	<input type="checkbox"/> € 530	<input type="checkbox"/> € 360	X	
<input type="checkbox"/> Delphi - 2 Days in 4* Hotel	<input type="checkbox"/> 26-27/5	<input type="checkbox"/> 1-2/6	<input type="checkbox"/> € 170	<input type="checkbox"/> € 140	X	
<input type="checkbox"/> Meteora Monasteries - 2 Days in 4* Hotel	<input type="checkbox"/> 25-26/5		<input type="checkbox"/> € 205	<input type="checkbox"/> € 175	X	
<input type="checkbox"/> Delphi - Meteora - 3 Days in 4* Hotel		<input type="checkbox"/> 31/5-2/6	<input type="checkbox"/> € 400	<input type="checkbox"/> € 336	X	
<input type="checkbox"/> Classical tour & Meteora - 4 Days in 4* Hotel		<input type="checkbox"/> 1-4/6	<input type="checkbox"/> € 600	<input type="checkbox"/> € 500	X	
<input type="checkbox"/> Classical tour - 3 Days in 4* Hotel	<input type="checkbox"/> 25-27/5	<input type="checkbox"/> 1-3/6	<input type="checkbox"/> € 400	<input type="checkbox"/> € 336	X	

TOTAL FOR MEETING TOURS (IV) €

GRAND TOTAL FOR (I, II, III, IV) €

Payment conditions for Hotels & Tours Reservations

- **One (1) night deposit**, payable to **ERA Ltd.**, is required in order to confirm your Hotel reservation.
- 30% deposit, drawn to **ERA Ltd.**, is required in order to confirm the Pre & Post Congress Tours.
- **Full payment** for Hotel & Tours reservations, should reach **ERA Ltd.** not later than **May 20th, 2008**.

Your credit card will automatically be charged for the balance of your Hotel & Tours reservations. Participants that have paid with a Bank transfer needs to send the Balance to **ERA Ltd.**

Please check that your name and «**NESA CONGRESS 2009**» are clearly indicated in order to ensure that the payment will be correctly registered.

Cancellation Policy for Hotel reservations

- All changes or Cancellations have to be made in writing to ERA Ltd., *Please do not contact the hotel directly.*
 - Written cancellation, **for hotel accommodation** received by **March 15th, 2009**: Full refund less €25 administration fee.
 - Written cancellation, **for hotel accommodation** received by **March 20th, 2009**: 1 night deposit is non-refundable.
 - Written cancellation, **for hotel accommodation** received by **May 15th, 2009**: 2 nights cancellation fee apply.
 - Written cancellation, **for hotel accommodation** received after **May 15th, 2009**: No refund & full charge will apply.
- In the event of No-show, the Hotel will automatically release the reservation and the payment will be non-refundable.

Cancellation Policy for Tours reservations

- Written cancellation, **for Tours reservations** received by **March 30th, 2009**: Full refund less €25 administration fee.
- Written cancellation, **for Tours reservations** received after **May 5th, 2009**: No refund & full charge will apply.

Payment can be effected either:

- a) **By bank remittance** stating the «**NESA CONGRESS 2009**», as well as, the name of the participant:
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: **1179040** (Swift Code: BCYPGAA), IBAN: GR690730001000000001179040
Please enclose a copy of transfer receipt with the form.
Charges are the responsibility of the participants and should be paid at source in addition to the accommodation fees.
- b) **By major credit cards.** Please complete the relevant information as described below.
Written confirmation will be sent by **ERA Ltd.** within 7 days from the date of your submission of your Registration form.

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 **April 30th, 2009** and settle my debit account to the Congress.

VISA

MASTEERCARD

AMERICAN EXPRESS

Card Number:

3 last digits: Valid from (For AMEXCO card holders) ___/___/___ Expiration Date: ___/___/___

Cardholder's name: _____

Signature: _____ Date: ___/___/___

Please type or print in block letters and return this form to the **official Congress travel agency:**



ERA Ltd., 17, Aslipiou Str., 106 80 Athens, Greece, **either by Fax:** (+30) 210 3631 690, or **by e-mail:** info@era.gr