

1. PERSONAL DETAILS



3rd Master Class in Oncology Pharmacy, NJV Athens Plaza, 23-26 November 2009

Title		
First Name		
Last Name		
Organisation		
Position		
Address		
Telephone		
Fax		
Email		
2. REGISTRAT Please tick the	I ON appropriate box to indicate your registration type:	
☐ ESOP N	Member (€250/ per course) Non-Member (€300/ per course) tor (free of charge)	
Also, please inc	dicate the course you wish to register for:	
	e I (23th-24th November 2009) e II (25th-26th November 2009) (23th-26th November 2009)	
3. ACCOMMO	DATION	
2009. For addi	In has been reserved in the meeting venue for the period 22-27 November tional nights, please contact us well in advance. Accommodation expenses are ticipants. Availability and rates cannot be guaranteed past the registration 1/2009).	
Arrival Date:		
Departure Date:		
•	room (€140) e room (€145) – Sharing with	





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4. PAYMENT DETAILS

Please fill in the following remittance advice to indicate payment of your registration fee:		
Payment		
Amount		
Transferring		
§ Please	e note that payments should be made to:	
MINI	DWORK BUSINESS SOLUTIONS	
Bank Account: 342.00.2320002899		
Bank Name: Alpha Bank		
IBAN: GR4501403420342002320002899		
Payment Details: ESOP /Invoice Number/ Name and Surname of Participant for whom payment is made		
§ Bank	charges are fully covered by participants	
Date	Signature	

Please sign and return the completed registration form to the event organizers:

MINDWORK BUSINESS

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Fax: +30 210 6233809

email: papagioti.foteini@mind-work.gr