

REGISTRATION FORM - 12TH CONGRESS OF THE ESC

Athens • Greece • 20 – 23 June 2012

Please return to

ESC Central Office, Opalfeneweg 3, B-1740 Ternat, Belgium, Tel +32 2 582 08 52 • Fax +32 2 582 55 15 •
E-mail: congress@escrh.eu

Personal details

Family/Last Name:

First name:

Title: Prof.Dr. Dr. Ms Mr

Institute:

Department:

Street and Number:

Zip code and City:

Country:

Tel.:

Fax:

Mobile:

E-mail:

The above identification details might be used by the ESC for future mailings. Please note that you have the right to change and to look at the personal information which is kept by the ESC at any time and on request Please place a tick in the box if you do NOT wish your name and address to be included in the following type of mailings: Non-ESC related activities Company related information

Registration part (registration fees include 23% Greek VAT)

All payments are payable in EURO	Before 1 Feb '12	From 1 Feb '12	After 1 April '12 or on-site	Amount to pay
ESC members	500	600	700	<input type="text"/>
Non-members	600	700	800	<input type="text"/>
Nurses, midwives, social workers, counsellors (non-MD), medical students (*)				
ESC members	180	280	440	<input type="text"/>
Non-members	280	380	540	<input type="text"/>
Greek participants	270			<input type="text"/>
Congress Dinner	110	110	110	<input type="text"/>
Extra person(s) besides yourself attending the Opening Ceremony and Cocktail	45	45	45	<input type="text"/>
Total amount due in EURO:				<input type="text"/>

* Provide an official letter to confirm your status

I will participate in the Opening Reception (Wednesday, June 20, 2012, at 19.30) Free of charge.

Last name - first Name :

(Please inform us of your name once more for practical reasons)

Payment details

Amount due: EURO

Please charge my credit card Eurocard/Mastercard VISA

Card N°:

Exp. date: / CVC: CVC : last 3 digits of number on the back of the credit card

Name of Cardholder:

Signature:

I have made a bank transfer in EURO (with no costs for the beneficiary)

Account name: European Society of Contraception and Reproductive Health

Bank name: ING Belgium

SWIFT code: BBRUBEBB

International Bank Account Number (IBAN) BE45 3101 2639 1389

Bank address: ING bank, Marktplein 26, B-1740 Ternat, Belgium

Put in the reference: 12th Congress + your name

If you would like to receive an invoice, please complete your contact details here:

Family/Last Name:

First name:

Title: Prof.Dr. Dr. Ms Mr

Institute:

Department:

Street and Number:

Zip code and City:

Country:

VAT N°:

Cancellation policy

All refunds will incur a 20% handling fee. No refunds will be made after 1 March, 2012. However, another delegate can be nominated as a replacement, up to two weeks before the congress. Cancellation must be in writing (by letter, fax, or e-mail) to the Congress Secretariat. The date of postmark will be used when considering a refund. All refunds will be made after the Congress. Participants should state the bank details to which refunds should be made.

Signature:

Date: