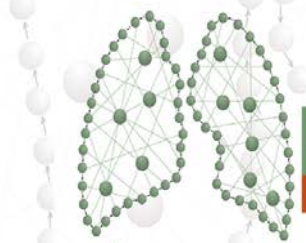


Organised by:
 • Oncology Center of Biomedical Education and Research
 • Oncology Unit, 3rd Department of Medicine, Medical School of Athens



4th LUNG CANCER Network

«From the Bench to the Bedside»

January 15-16, 2016

Hilton Athens, Greece

Registration & Accommodation Booking Form

<p>Congress Venue</p> <p>Hilton Athens Hotel ***** 46 Vassilissis Sofias Avenue 115 28 Athens, Greece Tel.: +30 210 72 81 000 Fax: +30 210 72 81 111 http://www.hiltonathens.gr</p>	<p>Congress Secretariat</p> <p>E.T.S. Events & Travel Solutions S.A. 154, El. Venizelou Str. 17122 N. Smyrni, Athens – Greece Tel.: +30 210 98 80 032 Fax: +30 210 98 81 303 E-mail: k.bisia@events.gr www.events.gr – www.ets.gr</p>
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Registration Cost

Please tick with ✓ the type of registration you are entitled to:

Type of Registration	Cost
Doctors*	200€ <input type="checkbox"/>
Residents	100€ <input type="checkbox"/>
Medical Students	free <input type="checkbox"/>
Nurses	free <input type="checkbox"/>

Registration cost includes:

- Admission to all sessions & exhibition area
- Meeting material
- Certificate of attendance
- Opening Ceremony & Welcome Reception
- Coffee breaks

* ESMO & IASLC Members will receive a 20% discount.

Accommodation Cost

Limited number of rooms has been pre-booked at the Hilton Athens Hotel with special conditions for the participants.

Accommodation at	Single Room
Hilton Athens Hotel	300€ (cost for 2 nights, including breakfast and taxes) <input type="checkbox"/>
Extra night cost	150€ (cost per night, including breakfast and taxes) <input type="checkbox"/>

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Option date for hotel bookings, November 20th 2015.

50% deposit is required to confirm the registration and accommodation request.

Full payment is required by November 20th 2015.

Mr.

Mrs.

Last Name:

First Name:

Check in date:

Check out date:

E-mail

Tel. Number Fax Number.....

Payment Policy

A. By bank transfer

Alpha Bank (Plateia N. Smirnis) Branch (346)

Account No: 294 00 2320 000 704

IBAN No: GR 83 0140 2940 2940 0232 0000 704

SWIFT CODE: CRBAGRAAXX

Account Holder: E.T.S. EVENTS & TRAVEL SOLUTIONS SA

B. By Credit Card

All major credit cards except of Diners are accepted. Please send the following statement, duly signed. I authorize E.T.S. Events & Travel Solutions to debit my credit card for the total amount of

.....€.

Card No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CVV: <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date: ___/___/___
Visa: <input type="checkbox"/> American Express: <input type="checkbox"/> Master Card: <input type="checkbox"/>
Signature:

Cancellation Policy:

Written cancellation received by November 20th 2015: 50% fees apply

Written cancellation received after November 21st 2015: 100% fees apply

For any further information, please contact the Congress Secretariat.