



Registration Form

Congress Venue 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	Congress Secretariat 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
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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	0€ <input type="checkbox"/>
Nurses	0€ <input type="checkbox"/>

Registration cost includes:

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

Mr.

Mrs.

Last Name:

First Name:

E-mail:

5th LUNG CANCER Network

«From the Bench to the Bedside»

January | 18-20 | 2018 - Hilton Athens | Greece



Organized by:
Hellenic Society of Geriatric Oncology
Oncology Center of Biomedical Education & Research
Turkish Society of Medical Oncology

Under the auspice of:
National and Kapodistrian University
Medical School, Athens, Greece
Istanbul University, Medical School
Istanbul, Turkey

Accreditation from:
Panhellenic Medical Association

Payment Policy

A. By bank transfer

Alpha Bank (SYGGROU) Branch (116)

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 December 18th 2017: 50% fees apply

Written cancellation received after December 19st 2017: 100% fees apply

For any further information, please contact the Congress Secretariat.