

## Registration Form

Please fill in the below registration form and send it back to the Registration Secretariat Mrs Georgia Kateriniou Tel: +30-210-3244932, Fax: +30-210-3250660, email: igbf5@ctmi.gr

Mr  Mrs

**Title:**.....

**Last Name:** .....

**First Name:** .....

**Address:** .....

**Postal Code:** .....

**Country:** ..... **City:** .....

**Tel number:** ..... **Fax number:** .....

**Email:** .....

REGISTRATION FEES			
Registration Type	Pre Registration (until 15/1/09 )	Late Registration (from 16/1/09 till 20/4/09)	On Site
Company Affiliations	150€	175€	200€
Scientists – Private-Individuals	100€	130€	150€
Intern Doctors	50€	75€	100€
Students (ID Required)	30€	40€	50€

**Total amount for Registration .....€**

**The mentioned deadlines are postal and not receipt.**

### **CONFIRMATION**

A confirmation letter will be sent within 7 working days by fax or e-mail, provided that we have received the payment and correct fax or e-mail information.

**PAYMENTS**

**Payment should be effected:**

- **PAYMENT METHOD: BANK DRAFT**  
ALPHA BANK  
IBAN GR72 01401210 1210 0232 0003 303  
ACCOUNT No 121 00 2320 003303  
Account Name: BIONOVA

This payment method will be accepted only if it is accompanied by the copy of the bank draft payment. Please send a copy of the bank receipt by fax to +30-210-3250660 attention Mrs Georgia Kateriniou

- **PAYMENT METHOD: CREDIT CARD**

Visa  Eurocard/ Matercard

Card No..... Exp. Date.../.....

Cardholder's Name.....

Signature.....

Date...../200....

I Agree with terms and conditions at the form I submitted and I hereby authorize BIONOVA to charge my credit card.

- **No Personal cheques are accepted**

**CANCELLATIONS**

Registration fees are non refundable.

**I agree with the registration terms**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_