



UNIVERSITY OF THESSALY SCHOOL OF HEALTH SCIENCES
DEPARTMENT of NEUROSURGERY

**LARISSA INTERNATIONAL
NEUROVASCULAR COURSE**
Cerebral Aneurysms
www.linc.edu.gr

**Friday & Saturday
MARCH 18 & 19 2016**
Auditorium "Hippocrates" | School of Medicine
Biopolis | Larissa | Greece
Course Secretariat
Synthesis Group S.A.
T +30 210 9609400 / e-mail: linc@synthesispc.com

REGISTRATION FORM

Please complete the registration form and send it to the Course Secretariat:

SYNTHESIS GROUP S.A.

Address: 31 Ag. Varvaras Str., Argypoli, Athens, Greece
Tel.: +30 210 9609400
e-mail: linc@synthesispc.com

PERSONAL INFORMATION

Please complete the form (with capital letters) :

Prof. Dr. Mr Mrs

Full Name _____ Specialty _____
Department _____ Institution/Hospital/Company _____
Full Address _____
Mobile No _____ e-mail _____

REGISTRATION

Please check the appropriate box:

Category	Registration Cost	<input checked="" type="checkbox"/>
EANS Member	255 €	
Non-Member	300 €	
Greek Faculty	150 €	
Greek Resident	100 €	

The registration fee includes:

- Access to the scientific sessions
- Access to the exhibition area
- Coffee breaks, snack and refreshments, based on final program schedule
- Conference material, including final program

CANCELLATION POLICY

Cancellations must be submitted via e-mail to the course secretariat at:

linc@synthesispc.com

- For cancellations submitted until 15 February 2016, 30% of the total participation amount will be withheld as cancellation fees
- For cancellations submitted from 16 February until 29 February 2016, 50% of the total participation amount will be withheld as cancellation fees
- No refunds will be made after 1 March 2016

NAME CHANGE

Name changes must be submitted via e-mail to the course secretariat at:

linc@synthesispc.com

- For name changes submitted until 15 February 2016, no extra charge will apply
- For name changes submitted from 16 February until 29 February 2016, 50 € of the total individual participation amount will be withheld
- No name changes are possible after 1 March 2016

MEANS OF PAYMENT

1. Bank deposit/transfer

Proceed with payment to the following bank account:

ALPHA BANK

Bank Account: 1540 0232 0013 040

Account Beneficiary : Synthesis Group S.A.

IBAN : GR640 140 1540 1540 0232 0013 040

SWIFT CODE : CRBAGRAAXX

Notes:

- Please mention full name and course title upon payment
- Kindly send deposit/transfer slip to the Course Secretariat, via e-mail at : linc@synthesispc.com
- Registration confirmation will only be sent upon receipt of the present registration form and proof of payment
- Bank expenses are the responsibility of the payer



UNIVERSITY OF THESSALY SCHOOL OF HEALTH SCIENCES
DEPARTMENT of NEUROSURGERY

**LARISSA INTERNATIONAL
NEUROVASCULAR COURSE**
Cerebral Aneurysms
www.linc.edu.gr

**Friday & Saturday
MARCH 18 & 19 2016**
Auditorium "Hippocrates" | School of Medicine
Biopolis | Larissa | Greece
Course Secretariat
Synthesis Group S.A.
T +30 210 9609400 / e-mail: linc@synthesispc.com

2. By Credit Card

Credit Card Charge Form

_____ hereby authorized Synthesis Group S.A. to	
charge my _____	[Full Name]
_____	[Credit Card Name]
_____	[Credit Card Number]
Expiry Date _____ / _____	cvv _____ the amount of EUR _____
_____	[Signature]
_____	[Date]

Signature

Date
