



REGISTRATION FORM

Ways to Register

- Fax the registration form to: + 30 210 6134 695
- By email to ikanelli@zeincro.com or online [here](#)

PERSONAL DETAILS

Last Name:	First name:
Company:	
Address:	
Job Title:	
Tel.:	Fax:
Email:	

Registration fee : €630 (plus 19% VAT → €749,70)

Registration fee for undergraduates: €150 (plus 19% VAT → €178,50)

PAYMENT

Wire Transfer:

Bank name:	ALPHA BANK GREECE
Account Holder:	ZEINCRO HELLAS S.A.
Account No:	184-00-2320-000597
IBAN:	GR89 0140 1840 1840 0232 0000 597

- Pharmaceutical company advertisement and/or funding will not be a constituent of the Forum
- You will receive 10 Credits of Continuing Medical Education (CME-CPD)
- You will receive confirmation after sending the Registration Form

