

**8th PAN-HELLENIC & 7th PAN-EUROPEAN
SCIENTIFIC AND PROFESSIONAL NURSING CONFERENCE
Of THE HELLENIC REGULATORY BODY OF NURSES
GRAND HOTEL PALACE, THESSALONIKI, May 7-10, 2015**

REGISTRATION - ACCOMMODATION FORM

Please fill-in CAPITAL, tick where appropriate and return this form with payment to PROOPSIS S.A. by fax or email. PROOPSIS S.A. Trempesinas 32, 121 36 Peristeri, Greece
Tel: +30 210 5244760, Fax: +30 210 5740084, E-mail: registration@enne2015.gr

PARTICIPANT DETAILS

Title: Prof. Dr. Mr. Mrs. Ms

Last Name: _____ First Name: _____

Organization/Institution: _____ Country: _____

Department: _____ Address: _____

City: _____ Postal Code: _____

Tel: _____ Fax: _____

Mobile: _____ e-mail: _____

REGISTRATION FEES

	Up to 15/02/2015	Up to 03/04/2015	Up to 07/05/2015
ENE members	€65	€115	€180
Non ENE members/ Other Professionals	€130	€180	€230
Unemployed Nurses / Students	€30	€50	€80

The Conference Registration Fee includes

- Attendance of all Conference proceedings
- Admission to the exhibition area
- Conference Material
- Coffee Breaks
- Certificate of attendance
- Opening Ceremony & Reception

▪ Participation in the Workshops (which will be announced in the Conference website www.enne2015.gr) is FREE but registration is required at the Conference Secretariat. Due to limited availability, registration request for the Workshops will be on first come first served basis.

ACCOMMODATION

Hotel	Rate per person in a triple room	Rate per person in a double room	Rate per person in a single room
LUX Grand Hotel Palace	190 €	330 €	420 €
A' Anatolia Hotel	140 €	240 €	310 €
B' Rotonda Hotel Palladion	90 €	140 €	170 €

All the above rates are:

- for three nights (07, 08, 9/05/2015)
- include breakfast and all applicable taxes

Important Information

- three overnight stays (07, 08, 9/05/2015) are mandatory.
- Reservations are confirmed only after full payment.
- a copy of the deposit slip must be sent to the conference secretariat by fax (0030 210 5740084) or e-mail (registration@enne2015.gr) including the participant's full name as well as a contact telephone number.
- all reservations are confirmed in writing to the e-mail address or fax number specified to the conference secretariat.
- cancellations for reservations must be made in writing and are subject to cancellation fees, depending on the date when they are made, namely:
 - up to 30/12/2014, no cancellation fee
 - up to 06/04/2015, 50% cancellation fee
 - after 07/04/2015, 100% cancellation fee

PAYMENT METHOD

Option 1: Credit Card Payment

Please charge my credit card:

VISA MASTER

Card No.: _____

Expiry Date: ___/___/___ CVC/CVC (card validation code):

Name of card holder: _____

Billing Address: _____ City: _____

Postal Code: _____ Country: _____

Option 2: Bank Transfer Payment

I have transferred the total amount due to the ALPHA BANK: BRANCH Egaleo:

ACCOUNT NUMBER: 151 00 2002 011963 BENEFICIARY: PROOPSIS CONSULTING S.A.

IBAN CODE: GR86 0140 1510 1510 0200 2011 963 REF.: ENNE 2015

BIC/SWIFT ALPHA BANK : CRBAGRAA

•Bank charges are the responsibility of the payee and should be paid at source in addition to the total amount due.

•Please indicate your name and address on the reverse and send a copy of the bank transfer together with your form.

DATE

SIGNATURE
