HASOMED
Hellenic Association for the Study of Obesity, Metabolism and Eating Disorders

REGISTRATION FORM

11th Corfu International Obesity Congress
28-29/10/ 2011, Amphitheatre of Ionian Academy, Corfu island, Greece

Please use block letters and return this form by email or fax to:

Corfu Sunspots Travel
24, Ethnikis Paleokastritsas St, 49100, Corfu, Greece
Tel: (+30)-26610-42444, 39707. Fax: (+30)-26610-45068 Email: info@corfuxenos.gr

Title: …….
First Name:..... Surname:…….....…….……
Univ./Hosp.: …….....
Dept.:…….....…….
Street: .....…… No.: ……
Zip : …….....…… City : …….....…….....…… Country : .....……....……
Phone : …….....…… Mobile: .....…… Fax : …….....……
e-mail : …….....……

REGISTRATION FEE: FREE

ACCOMMODATION

Corfu Palace hotel	Sea view Room	☐ € 120
Cavalieri hotel	Standard Room	☐ € 105
Bella Venezia hotel	Standard Room	☐ € 90
Arcadion hotel	Standard Room	☐ € 88

Arrival date:…… Departure date….……..

Above mentioned prices are per night and include Breakfast, Taxes & Services

TICKETS ☐ Yes ☐ No
From:…….....……Time: ……....…… No. of persons : …….....……
Accompanying Persons Names:
.....
.....
Tickets will be paid upon confirmation.

SOCIAL EVENTS
Saturday, October 29th, Gala Dinner ☐ number of persons ……

PAYMENT MODALITIES

☐ **I made a bank transfer for the beneficiary to the following bank account:**
Alpha Bank – Corfu Branch: Account name: D. Moutsos – A. Giakoumaki

Account: 787/ 0 0232 0001 217 **IBAN code**: GR14 0140 5950 7870 0232 0001 217 **Swift code**: CRBAGRAAXXX

☐ **Please charge my credit card**: ☐ Visa ☐ Mastercard
Card No: ..... Expiry Date: ..... Code No: .....
Name and Signature of Cardholder: .....
OR

☐ **Sponsored by**: Company: ..... Contact person: .....…
Phone: ..... Mobile: ..... email: .....

Date: ..... **Signature: .....**