



HASOMED

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

REGISTRATION FORM

**10th International Obesity Conference
29 & 30/10/ 2010, Aquis Corfu Palace hotel, Corfu, 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 **single Room** **Double Room**
Aquis Corfu Palace hotel € 95 € 120

Dates of stay:..... Overnights:

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

TICKETS Yes No
From:..... Time: No. of persons :
Accompanying Persons Names:
.....
.....

Tickets will be paid upon confirmation.

SOCIAL EVENTS
Saturday, October 30th, Gala Dinner in Aquis Corfu Palace hotel 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: 770 / 0020 0200 3340 IBAN code: GR60 0140 7700 7700 02002 003340 Swift code: CRBAGRAAXX

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:**