



# REGISTRATION & RESERVATION Form

Please type or print in capital letters and return this form to the Conference Secretariat:  
 ERA Ltd, 17, Asklipiou Str, 10680, Athens, Greece either **by Fax:** (+30) 210 3631 690, or **by e-mail:** eorna2017@era.gr

Family name: \_\_\_\_\_

First name(s): \_\_\_\_\_

Hospital/Institute/Company: \_\_\_\_\_

Department: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_ Position: \_\_\_\_\_

No: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

*Country code / City code/ Number*

*Country code / City code/ Number*

E-mail\*: \_\_\_\_\_

\* Please complete this field. All confirmation will be sent via e-mail.

## I. REGISTRATION FEES

Registration Category	EARLY	LATE	ON SITE
	Until February 28, 2017	Until April 24, 2017	
<b>Delegate</b>	€ 470 <input type="checkbox"/>	€ 570 <input type="checkbox"/>	€ 660 <input type="checkbox"/>
<b>Exhibitor</b>	€ 235 <input type="checkbox"/>	€ 235 <input type="checkbox"/>	€ 235 <input type="checkbox"/>
<b>Perioperative Nursing Student*</b>	€ 220 <input type="checkbox"/>	€ 220 <input type="checkbox"/>	€ 220 <input type="checkbox"/>
<b>Reduced Registration for Oral Presenters</b>	€ 235 <input type="checkbox"/>	€ 285 <input type="checkbox"/>	€ 330 <input type="checkbox"/>
<b>Reduced Registration for Free Papers</b>			
<b>@ Posters Presenters</b>	€ 375 <input type="checkbox"/>	€ 455 <input type="checkbox"/>	€ 525 <input type="checkbox"/>
<b>One Day Registration</b>	€ 235 <input type="checkbox"/>	€ 235 <input type="checkbox"/>	€ 235 <input type="checkbox"/>
(participant)	___ May 2017	___ May 2017	___ May 2017
<b>One Day Registration</b>	€ 100 <input type="checkbox"/>	€ 100 <input type="checkbox"/>	€ 100 <input type="checkbox"/>
(perioperative nursing student*)	___ May 2017	___ May 2017	___ May 2017
<b>Total for Registration</b>			€

\* Student registrants will be requested to provide current student id or a letter confirming their Student status

**Delegate @ Perioperative Nursing Student registration fees** include Participation to the scientific sessions, Access to the exhibition and e-poster area, Congress Kit, lunch on Friday and Saturday, Coffee breaks throughout the congress, Opening Ceremony, Welcome Reception and Closing Ceremony.

**Exhibitor registration fee** includes Access to the exhibition and e-poster area, Congress Kit, lunch on Friday and Saturday, Coffee breaks throughout the congress, Opening Ceremony, Welcome Reception and Closing Ceremony.

**One Day registration fee** includes admission to all oral and e-poster sessions and exhibition, coffee breaks and lunches on the day of the validity of the registration.

## II. HOTEL ACCOMMODATION / GALA DINNER

Arrival date: \_\_\_ / \_\_\_ / 2017

Departure date: \_\_\_ / \_\_\_ / 2017 (minimum stay: 3 overnights)

Hotel Name	Distance from the Venue	Single Room	Double Room	Triple Room	X nights
<b>Rodos Palace</b> Garden View Tower	<i>Congress Venue</i>	€ 125 <input type="checkbox"/>	€ 140 <input type="checkbox"/>	€ 170 <input type="checkbox"/>	X ___ nights
<b>Rodos Palace</b> Sea View Tower		€ 135 <input type="checkbox"/>	€ 150 <input type="checkbox"/>	€ 180 <input type="checkbox"/>	X ___ nights
<b>Rodos Palace</b> Executive Garden View		€ 145 <input type="checkbox"/>	€ 160 <input type="checkbox"/>	€ 190 <input type="checkbox"/>	X ___ nights
<b>Rodos Palace</b> Executive Sea View		€ 155 <input type="checkbox"/>	€ 170 <input type="checkbox"/>	€ 200 <input type="checkbox"/>	X ___ nights
<b>Rodos Palace</b> Apartments (up to 4 persons)				€ 240 <input type="checkbox"/>	X ___ nights
<b>Dionysos (4*)</b>	<i>150 meters</i>	€ 95 <input type="checkbox"/>	€ 110 <input type="checkbox"/>	€ 130 <input type="checkbox"/>	X ___ nights
<b>Oceanis (4*)</b>	<i>500 meters</i>	€ 95 <input type="checkbox"/>	€ 120 <input type="checkbox"/>	€ 140 <input type="checkbox"/>	X ___ nights
<b>Belair (4*)</b>	<i>300 meters</i>	€ 80 <input type="checkbox"/>	€ 100 <input type="checkbox"/>	€ 120 <input type="checkbox"/>	X ___ nights
<b>Cosmopolitan (4*)</b>	<i>400 meters</i>	€ 105 <input type="checkbox"/>	€ 120 <input type="checkbox"/>	€ 150 <input type="checkbox"/>	X ___ nights
<b>Gala Dinner</b> Saturday May 6, 2017			€ 75 <input type="checkbox"/>		X ___ persons
<b>Total for Hotel Accommodation / Gala dinner</b>					€
<b>Total for (I) + (II)</b>					€

## CANCELLATION AND PAYMENT POLICY FOR REGISTRATION & ACCOMMODATION

### Cancellation Policy

- Cancellation requests must be made to the Conference Secretariat in writing.
- For cancellation of registration & accommodation received by January 15th, 2017, a refund of the total fee, less 25 € as administration charge, will be made.
- For cancellation of registration & accommodation, received by February 15th, 2017, a refund of the total fee, less 50% will be made.
- After February 15th refunds for registration & accommodation will not be possible.

### Payment Policy

- Full payment of the registration must accompany this form.
- Deposit of 2 nights must accompany this form
- Full payment for registration & accommodation must reach the Secretariat by March 5th.

## METHOD OF PAYMENT FOR REGISTRATION & ACCOMMODATION

Payment can be effected either:

**a) By bank remittance to the order of ERA LTD stating the EORNA 2017, as well as the name of the participant:**

**BANK NAME: BANK OF CYPRUS, ACCOUNT NUMBER: 0155-01-149109-00 (EUR),**

**IBAN CY25 0020 0155 0000 0001 1491 0900, ACCOUNTING BRANCH: 0185-IBU NICOSIA 3**

*Please enclose a copy of transfer receipt with the registration form.*

**b) By major credit cards.** Please complete the relevant information as described below.

Written confirmation will be sent by **ERA Ltd**, upon receiving your Registration & Reservation form.

I authorize **ERA Ltd** to debit my Credit Card, for the Sum of: € \_\_\_\_\_

I also authorize **ERA Ltd** to debit my Credit Card and settle my account to the EORNA 2017 Congress by **March 5th**.

VISA MASTERCARD AMEX 

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date : \_\_\_\_ / \_\_\_\_

Cardholder's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 201\_\_