## 4<sup>th</sup> International Symposium on Kallikreins and Kallikrein-Related Peptidases (ISK2011)

## 2-4, September 2011, RODOS PALACE HOTEL Rhodes Island, Greece

## **REGISTRATION & HOTEL RESERVATION FORM**

Please type or use block letters, print and return this form by a fax (+30 210 3631690) or by a email (info@era.gr) attachment to the Meeting Secretariat:

amily name:			First name(s):			
itle: Prof.		Mr.				
ddress:						
ity:		Zip code:	Country:			
eĺ:	Fax:		E-mail*:			
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Limited availability in garden view rooms \* Please define if you need (ONLY for double room): ONE DOUBLE BED -TWO SINGLE BEDS -- I would like to share the room with other participant: (Name)..... TOTAL FOR ACCOMMODATION (II) Room reservations will be made on a first-come first-served basis. Hotel Reservations should be sent to ERA Ltd and not to the Hotels. GRAND TOTAL FOR (I) + (II)PAYMENT CONDITIONS FOR HOTEL RESERVATION AND REGISTRATION FEES - One (1) night deposit, payable to ERA Ltd, is required in order to confirm your Hotel Reservation. - FULL Payment of the registration fee must be done on the day of registering. (Registration fees depend on the day of registration) - FULL Payment for Hotel Accommodation should reach the Congress Secretariat not later than August 1<sup>st</sup>, 2011. **CANCELLATION POLICY FOR REGISTRATION** - Written cancellation received by 1st of July 2011: a refund of the total fee, less 25% as administration charge, will be - After 1<sup>st</sup> of July 2011, refunds will not be possible. CANCELLATION POLICY FOR HOTEL ACCOMMODATION Due to the fact that September is considered as high season for Rhodes, the following cancellation policy will apply: - Written cancellation received by July 1st 2011, one (1) night cancellation fee will be charged - Written cancellation received by August 10th, 2011, two (2) night cancellation fees will be charged - Written cancellation received after August 11<sup>th</sup>, 2011 full cancellation fees will be charged **PAYMENT CAN BE EFFECTED EITHER** a) By bank remittance stating the "ISK 2011", as well as, the name of the participant: To Bank of Cyprus - Athens Branch - 9, Mitopoleos str., GR-106 71 - Athens, Greece, to the order of ERA Ltd Account No: 1179040 - Swift Code: BCYPGRAA - IBAN: GR69073000100000001179040 Please enclose a copy of transfer receipt with the form. Charges to be paid by sender. b) By major credit cards For deposit: I authorize ERA Ltd to debit my Credit Card, for the Sum of: EUR For full payment: I authorize ERA Ltd to debit my Credit Card by August 1st, 2011 and settle my debit account to the I authorize **ERA Ltd** to debit my Credit Card: AMERICAN EXPRESS **VISA** MasterCard Card Number:

I agree with the above conditions

Cardholder's Signature

(Please type or use block letters)

Date:...../...../...../