



8<sup>th</sup>  
**MACEDONIAN CONGRESS  
 ON NUTRITION  
 AND DIETETICS**  
 16-17 October '08

3<sup>rd</sup>  
**BALKAN CONGRESS  
 ON OBESITY**  
 17-19 October '08



## Registration Form

Receipt Date:	Registration No:
---------------	------------------

(To be completed by the PCO)

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person. For more delegates, please have this form photocopied. You are kindly requested to send this form by fax or e-mail to the Professional Congress Organiser (PCO), **AC&C International S.A.**, Tel.: +30 210 6889130, Fax.: +30 210 6844 777, Congress e-mail (Registrations): [3<sup>rd</sup>-BCO-reg@acnc.gr](mailto:3<sup>rd</sup>-BCO-reg@acnc.gr)

You may also register online at: [www.3rd-BCO.com](http://www.3rd-BCO.com)

I. DELEGATE' S DETAILS		
Family name:		
First name:		
Position / Title:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Corresponding Address ( Street & Nr):		
City/Town:	Post/Zip code:	Country:
Tel. (please include country code):		Fax:
Mobile:	E-mail*:	

*\* Please kindly note that all correspondence will be delivered by e-mail.*

<b>Position – Title</b> <i>(please type as in the example)</i>	<b>Example</b> Assistant Dean for Clinical Affairs and Professor Complete Denture and Biomaterials Departments School of Dentistry University of Michigan, Ann Arbor, MI, U.S.A.
--	--

II. ACCOMPANYING PERSONS' DETAILS				
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:

### III. REGISTRATION FEES (V.A.T. 19% included)

CATEGORIES	PRE - REGISTRATION (until July 21 <sup>st</sup> 2008)	LATE REGISTRATION (from July 22 <sup>nd</sup> , 2008 to October 10 <sup>th</sup> 2008)	ON-SITE REGISTRATION (from October 17 <sup>th</sup> , 2008 to October 19 <sup>th</sup> , 2008)
Nutrition Professionals – Members of BalNeSO	€80,00 <input type="checkbox"/>	€100,00 <input type="checkbox"/>	€100,00 <input type="checkbox"/>
Nutrition Professionals – Non members of BalNeSO	€100,00 <input type="checkbox"/>	€120,00 <input type="checkbox"/>	€120,00 <input type="checkbox"/>
Physicians / Other Scientists – Members of BalNeSO	€100,00 <input type="checkbox"/>	€120,00 <input type="checkbox"/>	€120,00 <input type="checkbox"/>
Physicians / Other Scientists – Non members of BalNeSO	€120,00 <input type="checkbox"/>	€140,00 <input type="checkbox"/>	€140,00 <input type="checkbox"/>
Students*	€30,00 <input type="checkbox"/>	€ 30,00 <input type="checkbox"/>	€ 30,00 <input type="checkbox"/>
Accompanying Persons	€40,00 <input type="checkbox"/>	€ 50,00 <input type="checkbox"/>	€ 50,00 <input type="checkbox"/>

\* Students are kindly requested to provide the Professional Congress Organiser with a valid student identity card.

The registration fee for delegates includes:

- Admission to all scientific sessions
- Admission to the opening ceremony
- Admission to the exhibition
- All congress material, i.e. congress satchel, final programme - book of abstracts
- Certificate of attendance
- Coffee breaks
- Welcome reception

Accompanying persons' fees include:

- Admission to the opening ceremony
- Welcome reception

A letter confirming your registration will be sent to you by e-mail within two (2) working days after having received both this Registration Form and your payment.  
Should you not receive this letter in due time, please contact the Professional Congress Organiser.

### IV. REGISTRATION PROCEDURE

You may pre-register to the **3<sup>rd</sup> Balkan Congress on Obesity** by sending the registration form and your payment to the Professional Congress Organiser following the deadlines outlined in the table above. From **October 17<sup>th</sup>, 2008** and onwards, registrations will be accepted only at the Congress Secretariat operating in the Congress Venue.

### V. VISA REQUIREMENTS

If you need visa invitation, please tick the box

A valid passport is generally required. Citizens of the EU countries or holders of Schengen Visa do not need visa to enter Greece (airlines or other carriers require identity card issued by a public authority). For detailed information regarding visa requirements, please visit the website of the Hellenic Ministry of Foreign Affairs:

<http://www.mfa.gr/www.mfa.gr/el-GR/Services/VISAs/ForEmigrants/>



**IX. BILLING DETAILS**

Please tick one of the following billing options:      Receipt\*                       Invoice

In case of **invoice** please fill in the following details:

Individual's name  / Company's name  : \_\_\_\_\_

Profession / Field of activity: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. (please include country code): \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Tax Registration No: \_\_\_\_\_

Local Tax Authority-DOY (Greek delegates/companies only): \_\_\_\_\_

*\* A receipt will be issued in case you do not choose one of the options.*

The registration fees do not include insurance of participants against accidents, sickness, cancellation, theft, property loss or damage. Participants are advised to take out adequate personal insurance.

Data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the **3<sup>rd</sup> Balkan Congress on Obesity**, nor will they be publicized in any other way.

*I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.*

Date: .....

Signature: .....  
*(Please do not type - Original signature required.)*