



8th
**MACEDONIAN CONGRESS
 ON NUTRITION
 AND DIETETICS**
 16-17 October '08

3rd
**BALKAN CONGRESS
 ON OBESITY**
 17-19 October '08



Registration Form

(Participation in both Congresses)

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): 3rd-BCO-reg@acnc.gr

You may also register online at: 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.*

Position – Title <i>(please type as in the example)</i>	Example 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 st , 2008)	LATE REGISTRATION (from July 22 nd , 2008 to October 10 th 2008)	ON-SITE REGISTRATION (from October 17 th , 2008 to October 19 th , 2008)
Nutrition Professionals – Members of BalNeSO	120,00 € <input type="checkbox"/>	150,00 € <input type="checkbox"/>	150,00 € <input type="checkbox"/>
Nutrition Professionals – Non members of BalNeSO	150,00 € <input type="checkbox"/>	180,00 € <input type="checkbox"/>	180,00 € <input type="checkbox"/>
Physicians / Other Scientists - Members of BalNeSO	150,00 € <input type="checkbox"/>	180,00 € <input type="checkbox"/>	180,00 € <input type="checkbox"/>
Physicians / Other Scientists – Non members of BalNeSO	180,00 € <input type="checkbox"/>	200,00 € <input type="checkbox"/>	200,00 € <input type="checkbox"/>
Students*	40,00 € <input type="checkbox"/>	40,00 € <input type="checkbox"/>	40,00 € <input type="checkbox"/>
Accompanying Persons	50,00 € <input type="checkbox"/>	60,00 € <input type="checkbox"/>	60,00 € <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 (for both Congresses):

- 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 (for both congresses):

- 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 **8th Macedonian Congress on Nutrition and Dietetics & 3rd 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 17th, 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 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/>

VI. CANCELLATION & SUBSTITUTION POLICY

- Written cancellations and/or substitutions* will be accepted until September 10th, 2008 and an administrative fee of 40€ will be charged.
- There is no refund for cancellations received from September 11th, 2008 and onwards.
- After September 11th, 2008 no substitutions will be accepted.
- All refunds will be processed one (1) month following the conclusion of the congress.

* *Substitute delegates will be accepted provided that they submit a Registration Form, duly filled in, for the replacing delegate.*

VII. HOW DID YOU LEARN ABOUT THE CONGRESS?

Please select one or more of the following options:

- 1) E-mail
- 2) Journal / Scientific Publication
- 3) Colleague
- 4) Internet
- 5) Poster
- 6) Professional / Scientific Association
- 7) Industry
- 8) Scientific Event

VIII. PAYMENT DETAILS

You can pay for your registration fee by cash or credit card. **Personal checks are not accepted.**

Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa MasterCard Diners Amex*

Credit card number:

Card expiry date: _____

Cardholder's name (displayed on the card): _____

Cardholder's telephone number (please include country code): _____

Issued by (name of the bank): _____

3-digit code as displayed at the back side of the card:

* *Not accepted for online registrations.*

I hereby authorize the Professional Congress Organiser (PCO), AC&C International S.A., to debit this card with the total amount of€ and any subsequent changes [cancellation/handling fee(s), substitution fee(s)] to the items booked for Mr/Mrs, in view of his/her participation in the **8th Macedonian Congress on Nutrition and Dietetics & 3rd Balkan Congress on Obesity**

Cardholder's Signature: _____

(Please do not type – Original signature required.)

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 **8th Macedonian Congress on Nutrition and Dietetics & 3rd Balkan Congress on Obesity**, nor will it 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.)