



Registration 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:** info@era.gr

FAMILY NAME: _____

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REGISTRATION FEE IS FREE	0 € <input type="checkbox"/>
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WORKSHOP I: TOTAL KNEE ARTHROPLASTY (TKA)	50 € <input type="checkbox"/>
WORKSHOP II: REVISION TECHNIQUES THA (ETO, Figure 7, AIG, Cable Plate, TA augment)	50 € <input type="checkbox"/>
WORKSHOP III: TOTAL HIP ARTHROPLASTY (THA)-EXETER HIP COURSE	50 € <input type="checkbox"/>

- Registration fee includes: Congress material with congress documents, Access to all sessions of the congress, Access to the exhibition hall, Coffee Breaks, Light Lunches, Certificate of attendance
- The above prices are not include the VAT 24%

Method of Payment for Registration

Payment can be effected:

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

For full payment: I authorize **ERA Ltd** to debit my Credit Card

VISA

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AMEX

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