



01-03  
DECEMBER '17  
Concert Hall  
Thessaloniki

## 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](mailto:info@era.gr)

FAMILY NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

INSTITUTE: \_\_\_\_\_

SPECIALIST  RESIDENT

Address: \_\_\_\_\_

Zip Code.: \_\_\_\_\_ City: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>REGISTRATION FEE IS FREE</b>	0 €	<input type="checkbox"/>
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WORKSHOP I: Revision TKR saw bones training	50 €	<input type="checkbox"/>
WORKSHOP II: Revision THA saw bones training	50 €	<input type="checkbox"/>
WORKSHOP III: Cementing and spacers training	50 €	<input type="checkbox"/>
WORKSHOP IV: VR THA MIS practical training	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  MASTERCARD  AMEX

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

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