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| **REGISTRATION FORM** | | | |
| **11th PEFNI Annual Congress - 2nd EAHP Synergy Certification Course** | | | |
| Surname: | \* | Name: | \* |
| Instittution: | \* | | |
| Address: | \* | Postcode/City/Country: | \* |
| E-mail: | \* | Contact phone: | \* |
| Mobile phone: |  |  |  |
| \*Required fields! | | | |

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| **REGISTRATION FEE** |
| Registration Fee for Synergy day (18/7/20): | 100 EUR |
| Registration Fee for Congress(16-19/7/20): | 200 EUR |

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| |  |  |  |  | | --- | --- | --- | --- | | **PAYMENT INFORMATION** | | | | | Personal | | | | | Institution or sponsor | | | | | Institution name or personal name |  | VAT |  | | Address/City/Country |  | E-mail |  |  |  | | --- | |  | |  | | | | |
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| **IMPORTANT NOTE!** All prices are in EUR. After receipt of the registration form, the executive organizer will send the proforma invoice with deadline for payment. |  |  |
| **Deadline to send Registration form is June 1, 2020.** |  |  |
| \* I agree with the terms of participation to the Symposium. |  |  |

**Please send the completed form to:**

**refstathiou@gmail.com** or **despina.makridaki@yahoo.gr**