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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**