



isbb 5th International Congress on
BRAIN & BEHAVIOUR
 International Society on Brain and Behaviour
 & 18th THESSALONIKI CONFERENCE
 South-East European Society for Neurology and Psychiatry

November 3 - 6 2011
 The Met Hotel
 THESSALONIKI
 GREECE
 www.isbb.gr

REGISTRATION & RESERVATION FORM

CONFERENCE SECRETARIAT



Please fill in block letters the present Registration & Reservation Form and return it to the Conference Secretariat:

Sakellaridi 25, 54248 Thessaloniki, Greece
 Tel.: +30 2310 256194,5 Fax.: +30 2310 256196
 E-mail : salonica@triaenatours.gr - katerinaa@triaenatours.gr
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 Tel.: +30 210 7499300, Fax: +30 210 7705752
 E-mail: isbb@triaenatours.gr
 www.isbb.gr, www.triaenatours.gr

➤ **PARTICIPANTS DETAILS**

SURNAME: NAME:
 TITLE: ADDRESS:
 POSTAL CODE / CITY:
 TEL: FAX:
 E-MAIL:

ACCOMPANYING PERSON

SURNAME: NAME:

➤ **A. REGISTRATION FEES**

Registration type		By 31/08/2011	From 01/09/2011 & on-site
Group A Countries	Specialists <input type="checkbox"/>	300 €	350 €
	Residents <input type="checkbox"/>	150 €	180 €
	Other mental health Professionals <input type="checkbox"/>	100 €	120 €
	Students* <input type="checkbox"/>	Free	Free
Group B & C Countries	Specialists <input type="checkbox"/>	200 €	250 €
	Residents <input type="checkbox"/>	100 €	125 €
	Other mental health Professionals <input type="checkbox"/>	50 €	70 €
	Students* <input type="checkbox"/>	Free	Free
Group D Countries	Specialists <input type="checkbox"/>	100 €	120 €
	Residents <input type="checkbox"/>	Free	Free
	Other mental health Professionals <input type="checkbox"/>	Free	Free
	Students* <input type="checkbox"/>	Free	Free
TOTAL FOR REGISTRATION FEES (A)		 €

*Students: Free (Congress material will be provided according to availability)

Group A countries: Andorra, Antigua and Barbuda, Aruba, Australia, Austria, Bahamas, Bahrain, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Cyprus, Denmark, Faroe Islands, Finland, France, French Polynesia, Germany, Greece, Greenland, Guam, Hong Kong, China, Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea, Rep., Kuwait, Liechtenstein, Luxembourg, Macao, China, Malta, Monaco, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Norway, Portugal, Puerto Rico, Qatar, San Marino, Saudi Arabia, Singapore, Slovenia, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, United States, Virgin Islands (U.S.)

Group B & C countries: American Samoa, Albania, Algeria, Angola, Arab Rep., Argentina, Armenia, Azerbaijan, Barbados, Belarus, Belize, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Cameroon, Cape Verde, Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Czech Republic, Djibouti, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Estonia, Fiji, FYROM, Gabon, Georgia, Grenada, Guatemala, Guyana, Honduras, Hungary, Indonesia, Iran, Iraq, Islamic Rep., Jamaica, Jordan, Kazakhstan, Kiribati, Latvia, Lebanon, Lesotho, Libya, Lithuania, Malaysia, Maldives, Marshall Islands, Mauritius, Mayotte, Mexico, Micronesia, Moldova, Morocco, Namibia, Nicaragua, Northern Mariana Islands, Oman, Palau, Panama, Paraguay, Peru, Philippines, Poland, RB, Rep., Romania, Russian Federation, Samoa, Serbia and Montenegro, Seychelles, Slovak Republic, South Africa, Sri Lanka, St. Kitts and Nevis, St. Lucia, St. Vincent & Grenadines, Suriname, Swaziland, Syrian Arab Republic, Thailand, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Ukraine, Uruguay, Vanuatu, Venezuela, West Bank and Gaza

Group D countries: Afghanistan, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Congo, Dem. Rep., Cote d'Ivoire, Eritrea, Ethiopia, Gambia, The, Ghana, Guinea, Guinea-Bissau, Haiti, India, Kenya, Korea, Dem. Rep., Kyrgyz Republic, Lao PDR, Liberia, Madagascar, Malawi, Mali, Mauritania, Mongolia, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Tajikistan, Tanzania, Timor-Leste, Togo, Uganda, Uzbekistan, Vietnam, Yemen, Rep., Zambia, Zimbabwe

➤ **B. HOTEL ACCOMMODATION**

Arrival Date:/ 11 /2011

Departure date:/ 11 /2011

*Rates are daily per room including buffet breakfast & taxes
Rooms at Porto Palace & City Hotel will be upon hotel's availability*

Hotel Name	Category	Room Type	Single Room	Double Room	Number of Nights	Total in €
THE MET	5 *	Standard	<input type="checkbox"/> 140 €	<input type="checkbox"/> 155 €		
ELECTRA PALACE	5 *	Standard	<input type="checkbox"/> 150 €	<input type="checkbox"/> 167 €		
		Superior	<input type="checkbox"/> 173 €	<input type="checkbox"/> 189 €		
PORTO PALACE	5*	Standard	<input type="checkbox"/> 110 €	<input type="checkbox"/> 120 €		
CITY HOTEL	4 *	Standard	<input type="checkbox"/> 90 €	<input type="checkbox"/> 100 €		
TOTAL FOR HOTEL ACCOMMODATION (B)					 €

GRAND TOTAL FOR (A) + (B) €
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➤ **CANCELLATION POLICY**

❖ Registration fees are non -refundable

❖ Accommodation

- Written cancellation received by August 31st, 2011 :**No cancellation fees**
- Written cancellation or overnight reduction received from September 1st till October 10th, 2011: **50% cancellation fees apply**
- Written cancellation or overnight reduction received after October 11th : **100% cancellation fees apply**

➤ **PAYMENT CONDITIONS**

Deposit of One Night is required to confirm requested Accommodation.

Full payment is required no later than September 20th, 2011

Payment should be effected:

❖ **By an International Banker's cheque** to the order of TRIAENA TOURS & CONGRESS S.A, by mentioning Congress Code AA/16003/11 and participant's name.

❖ **By bank remittance to:**

EFG EUROBANK ERGASIAS, Athens - Greece
Account Number : 0260620200098107154
IBAN No. GR 5702600620000150200098107
Swift Code: E F G B G R A A
To the order of TRIAENA TOURS & CONGRESS S.A.

**Please send us by fax (+30 2310 256196 or +30 210 7705752) the bank transfer receipt
by mentioning Congress Code AA/ 16003/11 and participant's name.**

❖ By Credit Card

- All major credit cards are accepted. Please send a fax or letter or e-mail, with your credit card number, expiration date and authorization to charge the relevant amount.
- For Credit Card's payments, please send the following statement, duly signed:
- Please note that it is very important to write the last 3 digits found on the rear side of your credit card

<p>I authorize TRIAENA TOURS & CONGRESS S.A. to debit my Credit Card for the amount of €</p>			
No. Card:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiration date:	3 last digits: <input type="text"/> <input type="text"/> <input type="text"/>	Valid from:	
<input type="checkbox"/> Visa	<input type="checkbox"/> Diners	<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard
Date:	Signature: _____		