

# 1<sup>st</sup> International Brain-Storming School

## Focus on long term treatment

27<sup>th</sup> - 29<sup>th</sup>  
September 2013

Kallithea-Chalkidiki, Greece  
Pallini Beach Hotel

### REGISTRATION & ACCOMMODATION FORM

Please type or print in block letters the present Registration & Accommodation Form and return it to the:  
Course Secretariat: Global Events, 50A Stadiou Str., 555 35 Pylea Thessaloniki, Greece  
Tel: +30 2310 247743 / 34, Fax: +30 2310 247746, E-mail: info@globalevents.gr, http://www.globalevents.gr

#### DELEGATES

Surname: ..... Name: .....  
Title: .....  
Mailing Address: .....  
Zip Code: ..... City: ..... Country: .....  
Phone: ..... Fax: ..... E-mail: .....

#### ACCOMPANYING PERSON

Surname: ..... Name: .....

REGISTRATION FEES GROUP A COUNTRIES		Group A countries	Group B countries	Group C countries	Group D countries
Type	Amount	Andorra	American Samoa	Albania	Afghanistan
<input type="checkbox"/> Specialists	200 euros	Antigua and Barbuda	Argentina	Algeria	Bangladesh
<input type="checkbox"/> Residents	100 euros	Aruba	Barbados	Angola	Benin
<input type="checkbox"/> Other mental health professionals	50 euros	Australia	Belize	Armenia	Bhutan
<input type="checkbox"/> Students	Free	Austria	Botswana	Azerbaijan	Burkina Faso
		Bahamas, The	Chile	Belarus	Burundi
		Bahrain	Costa Rica	Bolivia	Cambodia
		Belgium	Croatia	Bosnia and Herzegovina	Central African Republic
		Bermuda	Czech Republic	Brazil	Chad
		Brunei Darussalam	Dominica	Bulgaria	Comoros
		Canada	Equatorial Guinea	Cameroon	Congo, Dem. Rep.
		Cayman Islands	Estonia	Cape Verde	Cote d'Ivoire
		Channel Islands	Gabon	China	Eritrea
		Cyprus	Grenada	Colombia	Ethiopia
		Denmark	Hungary	Congo, Rep.	Gambia, The
		Faeroe Islands	Latvia	Cuba	Ghana
		Finland	Lebanon	Djibouti	Guinea
		France	Libya	Dominican Republic	Guinea-Bissau
		French Polynesia	Lithuania	Ecuador	Haiti
		Germany	Malaysia	Egypt, Arab Rep.	India
		Greece	Mauritius	El Salvador	Kenya
		Greenland	Mayotte	Fiji	Korea, Dem. Rep.
		Guam	Mexico	Georgia	Kyrgyz Republic
		Hong Kong, China	Northern Mariana Islands	Guatemala	Lao PDR
		Iceland	Oman	Guyana	Liberia
		Ireland	Palau	Honduras	Madagascar
		Isle of Man	Panama	Indonesia	Malawi
		Israel	Poland	Iran, Islamic Rep.	Mali
		Italy	Romania	Iraq	Mauritania
		Japan	Russian Federation	Jamaica	Mongolia
		Korea, Rep.	Seychelles	Jordan	Mozambique
		Kuwait	Slovak Republic	Kazakhstan	Myanmar
		Liechtenstein	South Africa	Kiribati	Nepal
		Luxembourg	St. Kitts and Nevis	Lesotho	Niger
		Macao, China	St. Lucia	FYROM	Nigeria
		Malta	St. Vincent & Grenadines	Maldives	Pakistan
		Monaco	Trinidad and Tobago	Marshall Islands	Papua New Guinea
		Netherlands	Turkey	Micronesia, Fed. Sts.	Rwanda
		Netherlands Antilles	Uruguay	Moldova	Sao Tome and Principe
		New Caledonia	Venezuela, RB	Morocco	Senegal
		New Zealand		Namibia	Sierra Leone
		Norway		Nicaragua	Solomon Islands
		Portugal		Paraguay	Somalia
		Puerto Rico		Peru	Sudan
		Qatar		Philippines	Tajikistan
		San Marino		Samoa	Tanzania
		Saudi Arabia		Serbia and Montenegro	Timor-Leste
		Singapore		Sri Lanka	Togo
		Slovenia		Suriname	Uganda
		Spain		Swaziland	Uzbekistan
		Sweden		Syrian Arab Republic	Vietnam
		Switzerland		Thailand	Yemen, Rep.
		United Arab Emirates		Tonga	Zambia
		United Kingdom		Tunisia	Zimbabwe
		United States		Turkmenistan	
		Virgin Islands (U.S.)		Ukraine	
				Vanuatu	
				West Bank and Gaza	

#### Registration fee include:

- Admission to the congress
- Admission to the exhibition
- Congress Material
- Coffee breaks
- Certificate of attendance

## HOTEL ACCOMMODATION

Arrival Date .....

Departure Date .....

Hotel Name	Type	Room for Single & Double use	Number of nights	Total
Pallini Beach Hotel	4*	90€	x .....	€.....

### TOTAL FOR HOTEL ACCOMMODATION

€.....

The above rates are daily per room including continental breakfast and taxes in Euro.

\* Kindly please note that there is a minimum stay of two (2) nights stay

## HOW TO GET TO PALLINI BEACH HOTEL

Pallini Beach Hotel can be reached by public transportation (www.ktel-chalkidikis.gr).

2 bus transfers will be provided for group of 30 persons and over. Kindly please advise us of the following so that we may arrange the time-schedule for the transfers.

Airline:	Airline:
Flight number:	Flight number:
Arrival date:	Departure date:
Arrival time:	Departure time:

## CANCELLATION POLICY

### ❖ Registration fees are non refundable

### ❖ For Accommodation

- Written cancellation received by 07/15/2013: **No cancellation fees**
- Written cancellation or overnight reduction received between 07/16/2013 - 08/16/2013: **50% cancellation fees apply**
- Written cancellation or overnight reduction received after 08/17/2013: **100% cancellation fees apply**

## PAYMENT CONDITIONS

A deposit of **one night accommodation** is required to confirm requested accommodation

Full payment is required no later than 08/19/2013

### Payment should be effected:

❖ **By an International Banker's cheque** to the order of **GLOBAL EVENTS**, by mentioning Congress and participant's name.

### ❖ By bank remittance to:

#### ALPHA BANK

Agia Sofia Branch

Thessaloniki - Greece

Account Number : 480 002 002 002694

IBAN No. GR: 2501404800480002002002694

SWIFT CODE: CRBAGRAAXX

#### PROBANK

Martiou Branch

Thessaloniki - Greece

Account Number : 054 052 018220601 2015

IBAN No. GR: 03 0540 0520 0001 8220 6012 015

To the order of **GLOBAL EVENTS** by mentioning the Congress and participant's name

### ❖ By Credit Card

- All major credit cards are accepted. Please send a fax, letter or e-mail, with your credit card number, expiration date and authorization to charge the relevant amount.
- For Credit Card payments, please send the following statement, duly signed:

I authorize <b>GLOBAL EVENTS</b> to debit my Credit Card for the total amount of Euro .....		
No. Card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Expiration date: .....		Valid from: .....
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard
Date: .....		Signature: .....

- **No personal cheques are accepted.**

Date .....

Signature .....

### If an invoice is required, kindly please complete:

Invoice (Company/Institution name or Name and Surname if individual natural person):		
Postal address:	Zip code:	City:
Country:	VAT number:	Tax Authority: