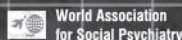
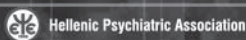
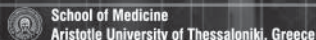


2nd International Congress on Neurobiology, Psychopharmacology & Treatment Guidance

Under the auspices of:



INTERNATIONAL SOCIETY of NEUROBIOLOGY
& PSYCHOPHARMACOLOGY
2008 • ISNP

World Psychiatric Association

European Psychiatric Association

24-27 Nov. 2011

Makedonia Palace Hotel
Thessaloniki Greece

REGISTRATION & RESERVATION FORM

Please type or print in block letters the present Registration & Reservation Form and return it to the:
Congress 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
Specialists	300 euros	Antigua and Barbuda	Argentina	Algeria	Bangladesh
Residents	150 euros	Aruba	Barbados	Angola	Benin
Other mental health professionals	50 euros	Australia	Belize	Armenia	Bhutan
Students (Congress material will be provided according to availability)	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	Toogo
		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
- Welcome Reception

HOTEL ACCOMMODATION

Arrival Date

Departure Date

Rates are daily per room including buffet breakfast

Hotel Name	Single Room	Double for Single Room	Double Room	Number of nights	Total
Makedonia Palace Hotel	170€	190€	190€	x	€.....
City Hotel	90€		105€	x	€.....
Queen Olga Hotel	60€		90€	x	€.....

TOTAL FOR HOTEL ACCOMMODATION

€.....

** Kindly please note that there is a minimum stay of three (3) nights stay*

CANCELLATION POLICY

- ❖ **Registration fees are non refundable**
- ❖ **For Accommodation**
 - Written cancellation received by 03/25/2011: **No cancellation fees**
 - Written cancellation or overnight reduction received between 03/26/2011-07/16/2011: **50% cancellation fees apply**
 - Written cancellation or overnight reduction received after 07/17/2011: **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 05/15/2011

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 GLOBAL EVENTS 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: