



CENTRE PREPARATION COURSE
23 & 24 June 2008
Athens, Greece*
(* To be confirmed)

PRE- REGISTRATION FORM

This form must be clearly completed and returned to the JACIE Office
E-mail: jacie@ebmt.org or Fax: 0034 93 453 1263

Dr MR Mrs

Family Name
First Name

Department
Hospital / Company
Address
Postal Code / Town
Country

Tel
Fax
E.mail

HOTEL ACCOMMODATION FORM

Arrival
Departure
Room Type

OPTIONAL EVENING DINNER

There will be a dinner on the evening of 23rd June for the course delegates, speakers and trainers. You are invited to attend this dinner. However, please note an additional fee (approx. €30-€35 per person) will be charged.

Yes, I would like to attend this dinner and I accept to pay an additional fee

No, I do not wish to attend this dinner

REGISTRATIONS FEES

Course Fee – €900 *

*Precise fee to be determined and confirmed.

PAYMENT

By Bank Transfer or credit card (details to be determined and confirmed)

TRAVEL ARRANGEMENTS

Delegates are responsible for making their own travel arrangements. Please do not make any travel arrangements until your participation on this course is confirmed.

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This Pre-Registration Form must be returned to the JACIE Office
no later than Monday, **15th February 2008**