

Registration Form

GENERAL INFORMATION

Last Name: _____

First Name: _____

Address: _____

Tel: _____

Email: _____

REGISTRATION PACKAGES – incl.vat

Two day registration	€150	<input type="radio"/>
One day registration	€100	<input type="radio"/>
Gala Dinner p.p.	€50	<input type="radio"/>
Spouse/ Guest Registration	€50	<input type="radio"/>
Medical Student/Nursing Staff	Free	<input type="radio"/>

Total Amount Payable: € _____

PAYMENT METHOD

- Cash
- Cheque
- Credit/Debit Card
- Bank Transfer

Bank Account Details

Bank of Cyprus

Account: 357022581800

Account Name: Pantheo Foundation

IBAN: CY88002001950000357022581800

Bank Swift No. BCYPCY2N

All registration fees are donated to Pantheo Foundation. If you wish, you can make an additional contribution to the Foundation

- Yes Extra Amount _____ €
- No

Signature: _____

Date: _____

- Please send to conference@pantheo.com