

LATEST ADVANCES IN STROKE PATIENT CARE AND RESEARCH

16th March 2012, Congress Centre, 28 Great Russell Street, London WC1B 3LS

Organised by



Ways to book Online: www.medineo.org **Email:** info@medineo.org **Tel:** +357 25 87 88 44 **Fax:** +44 870 330 5859

For multiple bookings please attach a list of delegate names and job titles

Title _____
First Name: _____
Surname: _____
Jobtitle: _____
Address: _____
_____ Post code: _____
Tel: _____
Email: _____

I understand that this registration booking is subject to the booking conditions.

Signature: _____ Date: _____

Delegate Rates Please tick the box as applicable

Physicians, Scientists and Industry £395.00
Before the 31st January 2012 early bird rate £350.00
Interns, Health Professionals & Students £295.00
Before the 31st January 2012 early bird rate £250.00

Booking conditions

Conferences and Congresses Ltd, trading as MEDINEO (the „Company“) accepts bookings under the following conditions:

- 1 Bookings are accepted through our website by registering and providing the information needed and processing a credit card or bank transfer payment.
- 2 Bookings are also accepted by fax or email by filling up the booking form together with full payment sent to MEDINEO. A confirmation of the booking will then be issued.
- 3 Returning the signed registration form or making a payment through the website constitutes a firm booking.
- 4 Bookings may be made over the telephone. In such case bookings will be confirmed only after receiving full payment.
- 5 All payments including credit card, must be in the currency advertised.
- 6 The Company reserves the right to cancel a booking if payment is not made 6 weeks prior to the conference taking place. Any outstanding payment becomes the responsibility of the signatory made on the reservation form.
- 7 Payment for any booking made within 6 weeks of the conference will still be due to the Company irrespective of whether the delegate attends.
- 8 All correspondence will be sent to participants at the address specified on the booking form or over the telephone (this address will also appear on the official Participants list given out at the event).
- 9 Should you be unable to attend, a substitute delegate may be able to attend. This must be received in writing one week prior to the conference.
- 10 The Company reserves the right to change the conference speakers in case of illness or other conditions beyond its control.
- 11 The Company does not accept responsibility for loss or damage to delegates own property and/or personal effects whilst at the conference. The Company does not accept any liability for loss or damage to personal effects caused by events beyond its control including (but without limitation) fire, flood, strikes, civil disturbances or for consequential loss or damage of any kind whatsoever.
- 12 Speakers approached at time of print.

Cancellation of booking

- Written confirmation received 6 weeks prior to the conference will be accepted and a refund of 90% of the booking charge will be made. After this date, no refunds can be given. Verbal cancellations will not be accepted.
- If written cancellation is not received 6 weeks prior to the conference full payment will still be due irrespective of whether the delegate attends the conference.

Pay by Debit/Credit Card

Please debit my Visa Card MasterCard

Card no: _____

Valid from: ___/___ Expiry date: ___/___

3 digit security code: _____

Signature: _____ Date: _____

Invoice

Requesting an invoice and signing this form will secure your place at the conference. All invoices must be paid in full before the event. See booking condition 6.

If you have authorisation from your trust/ department to attend this event and require an invoice, please provide the correct billing address or shared services address (including the relevant payable codes) and a purchase order number. We are unable to process any bookings without this information. We are unable to send out invoices to home addresses.

PLEASE COMPLETE IN FULL CONTACT NAME IF DIFFERENT FROM ABOVE

Title _____
First Name: _____
Surname: _____
Full invoice address: _____
_____ Post code: _____
Tel: _____
Email: _____
Signed: _____

Bank Transfer

Account: Conferences & Congresses Ltd.
Bank: PIRAEUS BANK (CYPRUS) LTD
Account no: 0000544816 Currency: GBP
IBAN no: CY14 0080 0203 0000 0000 0054 4816
SWIFT/BIC no: PIRBCY2N
Reference: Stroke Conference 2012, Your name(s)
Booking number

Conference fee includes

Entrance to the conference, lunch & refreshments and drinks full conference documentation and certificate of accreditation.

Sponsorship opportunities

If you are interested in exhibiting or sponsoring this event contact: Please contact Mr Charlie Ioannou on +357 25878844 charlie@medineo.org

CONFERENCES & CONGRESSES LTD.

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