



Registration Form

Receipt Date:	Registration No:
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(To be completed by the PCO)

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only. For more delegates, please have this form photocopied. You are kindly requested to send it by fax or e-mail to the **Professional Conference Organiser (PCO), AC&C International S.A.**

Tel.: +30 210 6889 130, Fax: +30 210 6844 777, Conference e-mail (Registrations): wonca2009-registration@acnc.gr

You may also register online at: [\[www.ruralwonca2009.org\]](http://www.ruralwonca2009.org)

I. DELEGATE' S DETAILS		
Family name:		
First name:		
Title (Dr, Mr, Mrs, Ms, other):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street & Nr:		
City/Town:	Post/Zip code:	Country*:
Tel. (please include country code):		Fax:
Mobile:	E-mail*:	
Please indicate postal address details: home <input type="checkbox"/> or work <input type="checkbox"/>		

** Please kindly note that all correspondence will be delivered by e-mail.*

Position – Title <i>(please type as in the example)</i>	Example Assistant Dean for Clinical Affairs and Professor Complete Denture and Biomaterials Departments School of Dentistry University of Michigan, Ann Arbor, MI, U.S.A.
<i>*Country is the working place country, which will also be indicated on the Conference Name Badge</i>	

II. ACCOMPANYING PERSONS' DETAILS				
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:
Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:

Family name:				
First name:				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Adult <input type="checkbox"/>	Child* <input type="checkbox"/>	* Year of Birth:

III. REGISTRATION FEES (VAT 19% is included)

CATEGORIES	EARLY REGISTRATION until April 27, 2009	LATE REGISTRATION from April 28, 2009 to June 2, 2009	ON-SITE REGISTRATION from June 12, 2009 to June 14, 2009
WONCA Members	360,00 € <input type="checkbox"/>	490,00 € <input type="checkbox"/>	490,00 € <input type="checkbox"/>
Other Delegates (MD/DO/PhD)	490,00 € <input type="checkbox"/>	600,00 € <input type="checkbox"/>	600,00 € <input type="checkbox"/>
Allied Health Workers & Trainees*	290,00 € <input type="checkbox"/>	365,00 € <input type="checkbox"/>	365,00 € <input type="checkbox"/>
Least Developed & Landlocked Developing countries**	290,00 € <input type="checkbox"/>	365,00 € <input type="checkbox"/>	365,00 € <input type="checkbox"/>
Students from Public Health Institutions***	100,00 € <input type="checkbox"/>	120,00 € <input type="checkbox"/>	150,00 € <input type="checkbox"/>
Accompanying Persons	155,00 € <input type="checkbox"/>		

* Allied Health Workers & Trainees are kindly requested to provide the **Professional Conference Organiser (PCO)** with an official proof of status from the Institution/Hospital they practice their specialty at.

** Participants working in a "Least Developed" or "Landlocked Developing Country" are kindly requested to provide the PCO with an official proof of status from Institution/Hospital they practice their specialty at, as well as a copy of their passport.

*** Students from Public Health Institutions are kindly requested to provide the Professional Congress Organizer with a valid student identity card.

The Registration Fee includes:

	WONCA Members	Other Delegates	Allied Health Workers / Trainees/Least Developed Countries/ Students	Accompanying Persons
Attendance to all scientific sessions	■	■	■	
Access to the exhibition	■	■	■	
Participation in the Opening Ceremony & Welcome Reception	■	■	■	■
Congress Material	■	■	■	
Coffee Breaks	■	■	■	
Light Lunches	■	■	■	
One Daily Tour				■

A letter confirming your registration will be sent to you by e-mail within two (2) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Professional Conference Organiser (PCO).

IV. REGISTRATION PROCEDURE

You may pre-register for the **9th WONCA Rural Health World Conference 2009** by forwarding the Registration Form and your payment to the Professional Conference Organiser (PCO) following the deadlines outlined in the above table. From **June 3, 2009** and onwards, registrations will be accepted only at the Conference Secretariat operating in the Conference Venue.

V. CANCELLATION & SUBSTITUTION POLICY

- For written cancellations and/or substitutions* received **until 12 May, 2009** an administrative fee of 40€ will be charged.
- There is no refund for cancellations received after 13 May, 2009 and onwards.
- After 13 May, 2009 no substitutions will be accepted.
- All refunds will be processed **one (1) month** following the conclusion of the Conference.

* *Substitute delegates will be accepted upon written confirmation provided that they submit a Registration Form, duly filled in, for the replacing delegate.*

VI. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| 1) E-mail | <input type="checkbox"/> | 5) Journal / Scientific Publication | <input type="checkbox"/> |
| 2) Colleague | <input type="checkbox"/> | 6) Internet | <input type="checkbox"/> |
| 3) Poster | <input type="checkbox"/> | 7) Industry | <input type="checkbox"/> |
| 4) Professional / Scientific Association | <input type="checkbox"/> | 8) Scientific Event | <input type="checkbox"/> |

VII. PAYMENT DETAILS

You can pay for your registration fee by cash or credit card. **Personal checks are not accepted.**

Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa MasterCard Diners Amex*

Credit card number:

Card expiry date: _____

(month) (year)

Cardholder's name (displayed on the card): _____

Cardholder's telephone number (please include country code): _____

Issued by (name of the bank): _____

3-digit code as displayed at the back side of the card:

* *Not accepted for online registrations.*

I hereby authorize the Professional Conference Organiser (PCO), AC&C International S.A., to debit this card with the total amount of€ and any subsequent changes [cancellation/handling fee(s), substitution fee(s)] to the items booked for Mr/Mrs..... in view of his/her participation in the **9th WONCA Rural Health World Conference 2009**.

Cardholder's Signature: _____

(Please do not type - original signature required.)

VIII. BILLING DETAILS

Please tick one of the following billing options: * Receipt Invoice

In case of **invoice** please fill in the following details:

Individual's name / Company name: _____

Profession / Field of activity: _____

Address: _____ Zip code: _____ City: _____ Country: _____

Tel. (please include country code): _____

Fax: _____ e-mail: _____

Tax Registration No: _____

Local Tax Authority-DOY (Greek delegates/companies only): _____

*** A receipt will be issued in case you do not choose one of the options.**

The registration fees do not include insurance of participants against accidents, sickness, cancellation, theft, property loss or damage. Participants are advised to take out adequate personal insurance.

Data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of 9th WONCA Rural Health World Conference 2009 nor will it be publicized in any other way.

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date: _____

Signature: _____

(Please do not type - original signature required.)

AC&C International S.A. – Professional Congress Organiser (PCO)

1A Pierias St., 14451 Athens, Greece ■ Tel.: +30 210 6889 130 ■ Fax: +30 210 6844 777 ■ www.acnc.gr

■ Conference website: www.ruralwonca2009.org ■ Conference e-mail: wonca2009@acnc.gr