**Participation form**

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| --- | --- |
| FIRST NAME |  |
| LAST NAME |  |
| AFFILIATION |  |
| DEPARTMENT |  |
| HOSPITAL |  |
| COUNTRY |  |
| TELEFONE |  |
| Ε-MAIL |  |

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| **Category\*** | **Physical and****virtual Presence** | **Virtual Attendance only** |
| *Doctors* | 120 € | 50 € |
| *Biologists, Biochemists,**Other Medical Professionals* | 50 € | 20 € |
| *Doctors in Residency,**Postdoctoral Fellows* | 30 € | 15 € |
| *Nurses, Technologists* | 30 € | 15 € |
| *Undergraduate Students,**Postgraduate Students,**PhD Students* | Free participation |

*The above costs are subject to VAT where applicable.*

**Attendance Type:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Physical and virtual Presence |  | Virtual Attendance only |

**Payment Method:**

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| --- | --- | --- | --- |
|  | **Bank Transfer**Bank: ALPHA BANKAccount Name holder:V. VOURAZERIS & SIA G.P.Account Number: 194002330000040IBAN: GR0501401940194002330000040BIC/SWIFT: CRBAGRAA Participation Form and a copy of the back transfer transaction should be sent by e-mail to **info@vitacongress.gr**  |  | **Online using a credit or debit card:**via the online registration and attendance Platform. Access to the electronic registration platform of the Meeting is available through the website of the Hellenic Society of Gene Therapy and Regenerative Medicine, [www.generegther.gr](http://www.generegther.gr) and of the Conference Secretariat,[www.vitacongress.gr](http://www.vitacongress.gr) .  |

Students wishing to attend the Meeting should send by e-mail to **g.kokka@vitacongress.gr**the participation form and a copy of their student ID or relevant certificate from their school.

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| Date:  |   |