

## Registration Form

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his accompanying person(s). You are kindly requested to send this form by fax or e-mail to **Excellence in Conferences Ltd**, Tel.: +44 (0) 208 326 5718, Fax.: +44 (0) 203 292 1599, Registrations Department e-mail: [eicmh-reg@excellence-in-conferences.org](mailto:eicmh-reg@excellence-in-conferences.org)

You may also register online at: [www.excellence-in-child-mentalhealth.org](http://www.excellence-in-child-mentalhealth.org)

**To be completed by the CO:**

Receipt Date:

Registration number:

### I. DELEGATE'S DETAILS

Surname:

First name:

Title(Dr, Mr, Mrs, Ms, other): |\_\_|\_\_|\_\_|\_\_|

Male

Female

Position / Department / Organisation:

**Example**

Professor/Assistant Dean for Clinical Affairs/ Complete Denture and Biomaterials Departments Medical Center, University of Michigan, Ann Arbor, MI, U.S.A.

Correspondence Address (Street & Nr):

Organisation

Home

City/Town:

Post Code:

Country:

Tel. (please include country code):

Fax:

Mobile:

E-mail\*:

Social media account(s) (URL) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*Kindly notice that this field is mandatory, as all correspondence will be delivered via e-mail.*

### II. ACCOMPANYING PERSON'S DETAILS

Surname:

First name:

Male

Female

Adult

Child

Year of birth:

**A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.**

### III. CONTACT PERSON IN CASE OF EMERGENCY

Surname:

First name:

Mobile:

E-mail:

#### IV. HOW DID YOU LEARN ABOUT THE CONFERENCE

Please select one or more of the following options:

- |                                     |                          |  |                          |                |                          |
|-------------------------------------|--------------------------|--|--------------------------|----------------|--------------------------|
| 1) E-mail                           | <input type="checkbox"/> | 6) Professional / Scientific Association | <input type="checkbox"/> | 11) Newsletter | <input type="checkbox"/> |
| 2) Journal / Scientific Publication | <input type="checkbox"/> | 7) Industry                              | <input type="checkbox"/> |                |                          |
| 3) Colleague                        | <input type="checkbox"/> | 8) Scientific Event                      | <input type="checkbox"/> |                |                          |
| 4) Internet                         | <input type="checkbox"/> | 9) Speaker                               | <input type="checkbox"/> |                |                          |
| 5) Poster                           | <input type="checkbox"/> | 10) Social Media                         | <input type="checkbox"/> |                |                          |

#### V. VISA REQUIREMENTS

If you need visa invitation, please tick the box

To find out if you need a visa for your trip to Turkey please visit the Republic of Turkey Ministry of Foreign Affairs e-Consulate pages [http://www.e-konsolosluk.net/Visa/Visa\\_Welcome.aspx](http://www.e-konsolosluk.net/Visa/Visa_Welcome.aspx).

#### VI. REGISTRATIONS (VAT is included)

All prices are quoted in GBP (£)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN CHILD MENTAL HEALTH 2011			
	"Early bird" Registration Until 26 March 2011	Early Registration From 27 March 2011 –until 16 September 2011	Late Registration From 17 September 2011 until 20 November 2011	ON-SITE Registration 30 November – 03 December 2011
Full Delegates	£360	£580	£625	£690
Trainees*	£240	£370	£420	£485
Accompanying Persons	£105		£120	£130

\* Trainees (available for physicians and researchers under 35 years old) are kindly requested to provide the Conference Organisers an official document such as ID card indicating the birth date and an official proof of status from the Institution/Hospital they practice their specialty in.

#### Registration entitlements:

Registration fee includes :	Full Delegates	Trainees	Accompanying Persons
Participation in all scientific sessions	■	■	✗
Entrance to the exhibition area (shared with the "Excellence in Paediatrics" Conference)	■	■	
Participation in the Opening Ceremony	■	■	■
Participation in the Welcome Reception	■	■	■
Conference Materials	■	■	✗
Coffee Breaks	■	■	
Light Lunch	■	■	
City tour	✗		■

#### VII. CANCELLATION & SUBSTITUTION POLICY

For written cancellations or substitutions\* received:

Period	Administrative fee
prior to <b>September 2<sup>nd</sup>, 2011</b>	NO
from <b>September 3<sup>rd</sup> 2011 to September 30<sup>th</sup>, 2011</b>	£55
from <b>October 1<sup>st</sup>, 2011 to October 31<sup>st</sup>, 2011</b>	50% of registration fee
from <b>November 1<sup>st</sup>, 2011</b>	100% of registration fee

All refunds will be processed one (1) month after the conclusion of the Conference.

- The Registration Form duly filled in, is required for the replacing delegate.

#### VIII. REGISTRATION PROCEDURE

You may pre-register for the **Excellence in Child Mental Health** by forwarding the Registration Form and your payment to the Conference Organisers following the deadlines outlined in section V. From November 21<sup>st</sup> 2011 and onwards, registrations will be accepted only at the Conference Secretariat operating in the Conference Venue.

## X. PAYMENT DETAILS

You can pay for your registration fee by credit card (belonging either to you or to a third party) or cash on site in EUR or GBP only.

**Personal checks are not accepted.**

Please fill in the following fields and tick where appropriate:

Payment by credit card:

Credit card number:

Card expiry date: \_\_\_\_\_  
Month Year

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

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

Bank issuing Details: \_\_\_\_\_

Three digit numbers as displayed at the back side of your card:

I hereby authorize **Excellence in Conferences Ltd** to debit this card with the total amount of £.....and any subsequent changes [cancellation/administrative fee(s)] to the items booked for Mr / Mrs ..... in view of his/her participation in the Excellence in Child Mental Health.

**Cardholder's Signature:** .....

*(Please do not type your name: Original signature is required.)*

**Please note that in case that you supply information for credit card that belongs to a third party, a photocopy of the credit card and of the cardholder's passport (or ID card) is required in order to proceed with the transaction. In any case, no registration request will be accepted and confirmed without the submission of the above mentioned official documents.**

## IX. 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 activities:

Address (street & number): \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. (please include country code): \_\_\_\_\_

Fax (please include country code): \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax ID Nr.: \_\_\_\_\_ Local Tax Authority-DOY  
(Greek delegates only)

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

*"The Conference Organisers of the Excellence in Child Mental Health reserve the right at any time to change the programme or to cancel or postpone the Conference. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The conference organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The conference organisers strongly recommend attendees take out their own insurance against any losses arising from cancellation or postponement of the Conference or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever." It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the Excellence in Child Mental Health 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 your name: Original signature is required.)*