EUROPEAN RENAL ASSOCIATION
EUROPEAN DIALYSIS AND TRANSPLANT ASSOCIATION
Registered Charity n° 1060134

CME Course: Lupus Nephritis

ERA-EDTA in cooperation with the Hellenic Society of Nephrology

Friday 12th December 2008

Crowne Plaza, Athens-Greece

REGISTRATION FORM

Last name* .....First Name*.....

Institution*.....

Trainee* ☐ **Specialist*** ☐ **Speciality***.....

Telephone:..... .....Fax.....

e-mail*.....

I will participate in the Course Dinner** on Friday 12th December ***YES*** ☐ ***NO*** ☐

* *Mandatory fields*

** *There is no additional cost*

Registration cost: Free

ACCOMMODATION FORM

Crowne Plaza 5*

Single 155 Euro ☐ Double ☐ 165 Euro

- *Accommodation booking is not required for participating in the course*
- *Above rates are per room/per night including American buffet breakfast and all taxes*
- *Deposit of one night is required. Full payment to CTMI by 05 December 2008.*

==========

Method of Payment

Visa ☐ Mastercard ☐

Card No.: ..... Exp. Date: __ __ / __ __

Card Holders Name: ..... Amount .....

Date: ..... 2008 Signature of Card Holder:

In case of no show cancellation fees will apply for the whole stay.

I authorize C.T.M. International S.A. for the above payment

Organizing Bureau: C.T.M. International S.A., 5, Apollonos Str, 105 57, Athens-Greece
Tel:+30 210 3244932, Fax:+30 210 3250660, email: lupus2008@ctmi.gr, www.ene.gr