

## REGISTRATION FORM

To be returned together with proof of payment to the Conference Secretariat:  
Easy Travel ◊ 19 Efessou street, 17121 N. Smyrni, Greece ◊ Email: info@efpp2021.gr / info@easytravel.gr ◊ Fax: +30-2103625572

### CONTACT DETAILS

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Profession / Position \_\_\_\_\_  
Institution / Association \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone (s) \_\_\_\_\_ Fax: \_\_\_\_\_  
Email \_\_\_\_\_

### OTHER INFORMATION

I am mostly working with  
 Children / Adolescents     Couples / Families     Adults     Groups

### REGISTRATION FEES

Full fee	60 €	<i>Euros</i>
Reduced fee (for students & trainees of Psychoanalytic Societies - Proof of status required)	40 €	
	<b>TOTAL =</b>	

### PAYMENT BY

Money transfer to the following bank account (I attach a photocopy of my bank's related document)

Alpha Bank (SWIFT / BIC: CRBAGRAA)  
Account No. (IBAN): GR2601401070107002320004632  
Beneficiary: P. Marlantis – Easy Travel

Credit card     Visa     Mastercard

I authorize P. Marlantis – Easy Travel to charge my credit card with the amount of € \_\_\_\_\_ covering registration fees to the Conference “Pandemic in our lives: Impact on our patients” (I attach a photocopy – both sides – of my credit card)

Card holder's name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CVV2 code: \_\_\_\_\_

Date: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**ONLINE FORM AND PAYMENT IS AVAILABLE AT**

**<https://efpp2021.gr/EFPP-RegistrationForm.html>**