

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

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

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>