

19-20  
March  
2010



University of Thessaly  
Department of Vascular Surgery  
University Hospital of Larissa

## APPLICATION FORM

**Deadline for registration 5<sup>th</sup> March 2010**

Title:	
First Name:	
Last Name:	
Street:	
City:	
Postcode:	
Country:	
Email:	

**Course fee: €350.**

**Maximum number of participants:** 20 persons (first book - first serve policy).

Bank transfer - copy of payment should be sent to the Workshop Secretariat

Alpha Bank, Account No. **310-00-2002-020898**, IBAN

GR9301403100310002002020898

SWIFT CODE(BIC) CRBAGRAAXX

*Please make sure that the entire amount is transferred without deduction of bank fees.*

Please send this form with your payment to:

Mrs Ioanna Dalakoura & Miss Elena Chatzinikou

University Hospital of Larissa. Mezourlo Larissa, Greece P.C. 41000

Email: [vascssurg@yahoo.gr](mailto:vascssurg@yahoo.gr) (Tel./ Fax: +30-241-3501739)