

ATHENS SEMINAR Scapular Dyskinesis related to shoulder pathology

REGISTRATION FORM

Please complete the registration form and send it to the Secretariat:

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31 Ag. Varvaras Str., Argyroupoli, Athens, Greece

Signature

Tel.: +30 210 9609400

e-mail: <u>asoubasakou@synthesispco.cor</u>	<u>m</u>			
	PERSONAL INFORMATION			
Please complete the form (with capital letters) :	Prof. Dr.	Mr Mrs	s	
Full Name	Specialty			
Department	Institution/Hospital/Company			
Full Address				
Mobile No	e-mail			
	REGISTRATION			
Please check the appropriate box:				
Category		Registration Cost	$\overline{\checkmark}$	
THEORETICAL PART		•		
EUSSER Members (registered until 1st April 2017)*		Free of charge		
Non-EUSSER Members		60 €		
Non-EUSSER Members (including 2017 EUSSER Member	90 €			
Orthopaedic-Rehabilitation Residents	40 €			
Physiotherapy Students	20€			
HANDS-ON (limited number-priority on EUSSER M	1embers)			
EUSSER Members (registered until 1st April 2017)		Free of charge		
All other participants		30 €		
Note: For final confirmation of registration, full present the present the confirmation of registration, full present the confirmation of registration of regist	Access to the exhibition area • Conference material, includin			
	nd forward the deposit slip/proof of transfer to the se			
Cancellations must be submitted via e-mail to the		asakou@synthesispco.com		
	80% of the total participation amount will be withheld			
	$9^{ m th}$ May 2017, 50% of the total participation amount v	will be withheld as cancellation fee	es es	
• No refunds will be made after 20 th May 2017				
Name Change				
Name Changes must be submitted via e-mail to the		asakou@synthesispco.com		
• For name changes submitted until 5 th May 2017,	no extra charge will apply			
• For name changes submitted from 6 th May until	19 th May 2017, 50% of the total participation amount	t will be withheld as cancellation fe	ees	
• No name changes are possible after 20 th May 20	17			

Date