

World Congress of the World Federation for Mental Health

September 2 - 6 , 2009 - Athens - Greece

REGISTRATION & RESERVATION FORM

Please type or print in block letters and return this form to
the Congress Secretariat :

 **ERA Ltd**, 17, Asklipiou Str- 106 80, Athens, Greece, either **by Fax**: (+30) 210 3631 690, or **by e-mail**: info@era.gr

Family name : _____ First name(s) : _____ M.I. : _____

Title : Mr. Mrs. Ms.

Institute _____

No: _____ Street _____ Suite/ Apt _____

City : _____ Zip code : _____ Country : _____

Tel : _____ Fax : _____
Country code / City code/ Number Country code / City code/ Number

E-mail* : _____

Accompanying Person(s) :

Family Name: _____ First Name(s) : _____

* Please fill in legibly to avoid time consuming correspondence. All confirmation will be sent via e-mail.

I. REGISTRATION

Description	Until June 7 th , '09	Between June 7 th and August 20 th	On site Registration
Participants	€ 350 <input type="checkbox"/>	€ 400 <input type="checkbox"/>	€ 450 <input type="checkbox"/>
Participants from developing countries/regions	€ 250 <input type="checkbox"/>	€ 300 <input type="checkbox"/>	€ 350 <input type="checkbox"/>
Consumers / Family Caregivers / Students*	€ 250 <input type="checkbox"/>	€ 300 <input type="checkbox"/>	€ 350 <input type="checkbox"/>
WFMH Members / Members of the Hellenic Psychiatric Association	€ 250 <input type="checkbox"/>	€ 300 <input type="checkbox"/>	€ 350 <input type="checkbox"/>
Accompanying persons	€ 200 <input type="checkbox"/>	€ 200 <input type="checkbox"/>	€ 250 <input type="checkbox"/>
Global Mental Health Summit 2009	€ 50 <input type="checkbox"/>	€ 55 <input type="checkbox"/>	€ 60 <input type="checkbox"/>

TOTAL (I): €

The registration fees for all Participants/ Students cover:

- ◆ Access to the Scientific Sessions and Exhibition
- ◆ Opening Ceremony and Welcome Reception
- ◆ Congress material (Congress kit, Book of Abstracts, Certificate of attendance)
- ◆ Coffee breaks

The registration fees for accompanying persons cover:

- ◆ Opening Ceremony and Welcome Reception
- ◆ Half day city tour of Athens, including Acropolis and museum and lunch on September 4th

III. HOTEL ACCOMMODATION (Daily rates per room, including Breakfast & taxes)

Check-in date:/ /2009

Check-out date:/...../2009

Please indicate **2** hotels choices by order of preference. An alternative hotel will be assigned

Hotel first choice (1) _____ Hotel second choice (2) _____

If all preferred hotels are unavailable, please process this reservation according to: Comparable room rate Proximity of the requested hotel

Hotel name	Cat.	Type of room	Distance from Meeting venue	Single room (1 Person)	Double/Twin room (2pers)	X.... Nights	Total in €
HILTON ATHENS	5*	Executive	350m	€ 310	€ 330		
		Standard		€ 230	€ 245		
		Acropolis View Supplement		€ 35	€ 35		
ALEXANDROS	4*	Standard	400m	€ 155	€ 165		
GOLDEN AGE	4*	Standard	350m	€ 150	€ 160		
BEST WESTERN ILISIA	3*	Standard	350m	€ 130	€ 145		
PRESIDENT	3*	Standard	1,5Km	€ 125	€ 135		

TOTAL (III): €

◆ *Room reservations will be made on a first-come first-served basis.*

◆ *Hotels Reservations should be sent to ERA and not to the Hotels.*

IV. SOCIAL EVENTS / DAILY ORGANIZED TOURS	Date	Price per person	No. of persons	Total in €
<input type="checkbox"/> Farewell Dinner	5 September 2009	€ 90	X.....	
<input type="checkbox"/> Athens Sightseeing tour (09:00 – 12:30)	___/ ___ /2009	€ 52	X.....	
<input type="checkbox"/> Cape Sounion (15:00 – 19:00)	___/ ___ /2009	€ 40	X.....	
<input type="checkbox"/> One day Delphi, including lunch (08:45 -19:00)	___/ ___ /2009	€ 96	X.....	
<input type="checkbox"/> One day Argolis, including lunch (08:45 -19:00) Except Sundays, Mondays and Fridays	___/ ___ /2009	€ 96	X.....	
<input type="checkbox"/> One day Cruise including lunch (08:00 – 19:15)	___/ ___ /2009	€ 95	X.....	
TOTAL (IV)				€

V. OPTIONAL PRE CONGRESS TOURS

TOURS	Dates	Cost in Single room	Cost per pers in Double room	No. of rooms	Total in €
<input type="checkbox"/> Island Hopping Myconos	29/08-01/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Crete	29/08-01/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Santorini	29/08-01/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Rhodes	29/08-01/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Delphi -2 Days	31/08- 01/09	<input type="checkbox"/> € 175	<input type="checkbox"/> € 140	X.....	
<input type="checkbox"/> Meteora Monasteries -2 Days	31/08- 01/09	<input type="checkbox"/> € 215	<input type="checkbox"/> € 180	X.....	
<input type="checkbox"/> Delphi -Meteora -3 Days	30/08-01/09	<input type="checkbox"/> € 406	<input type="checkbox"/> € 340	X.....	
<input type="checkbox"/> Classical tour & Meteora -4 Days	30/08-01/09	<input type="checkbox"/> € 610	<input type="checkbox"/> € 510	X.....	
TOTAL FOR PRE CONGRESS TOURS (V)					€

VI. OPTIONAL POST CONGRESS TOURS

TOURS	Dates	Cost in Single room (1 bed)	Cost per person in Double room	No. of rooms	Total in €
<input type="checkbox"/> Island Hopping Myconos	07/09- 11/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Crete	07/09- 11/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Santorini	07/09- 11/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Island Hopping Rhodes	07/09- 11/09	<input type="checkbox"/> €	<input type="checkbox"/> €	X.....	
<input type="checkbox"/> Delphi -2 Days	07/09-08/09	<input type="checkbox"/> € 175	<input type="checkbox"/> € 140	X.....	
<input type="checkbox"/> Meteora Monasteries -2 Days	07/09-08/09	<input type="checkbox"/> € 215	<input type="checkbox"/> € 180	X.....	
<input type="checkbox"/> Delphi -Meteora -3 Days	08/09-10/09	<input type="checkbox"/> € 406	<input type="checkbox"/> € 340	X.....	
<input type="checkbox"/> Classical tour & Meteora -4 Days	07/09-10/09	<input type="checkbox"/> € 610	<input type="checkbox"/> € 510	X.....	
TOTAL FOR POST CONGRESS TOURS (VI)					€
GRAND TOTAL FOR (I, II, III, IV, V, VI)					€

*** Reduced Registration Fees for Students**

Reduced fees for students must be accompanied by an official letter from the educational training institution validating that the candidate is a postgraduate student or a copy of their student identity. The above letter or the copy of their student identity card must be enclosed with the registration form.

Cancellation of Registration

Cancellation requests must be made to the Congress Secretariat in writing. For cancellation received by January 15th, 2009, a refund of the total fee, less 25 % as administration charge, will be made. After that date refunds will not be possible.

Payment conditions for hotel and tours reservation

- Two (2) nights deposit, payable to **ERA Ltd**, is required in order to confirm your Hotel Reservation.
- 30% deposit, drawn to **ERA Ltd**, is required in order to confirm the Pre & Post Meeting Tours.
- Full prepayment for Hotel accommodation and Tours should be effected to **ERA Ltd**, not later than **August 24, 2009**.
- Your credit card will automatically be charged for the balance of your Hotel and tours reservations. Participants that have paid with a Bank transfer needs to send their balance to **ERA Ltd**

Cancellation policy for hotel accommodation

All changes or cancellations have to be made in writing to ERA Ltd. Please do not contact the hotel directly

1. Written cancellation received by **July 13th, 2009**: Full refund less **25 €** administration fees will be charged.
2. Written cancellation received by **July 31st, 2009**: **1 night cancellation fee applies.**
3. Written cancellation received by **August 10th, 2009**: **2 nights cancellation fees apply.**
4. Written cancellation received from **August 24th, 2009** and onward: **No refund.**

In the event of non-arrival, the hotel will automatically release the reservation and payment will be non-refundable

Cancellation Policy for Multi days Tours reservations

- Written cancellation, **for Multi days Tours** received by **August 17th, 2008**: Full refund less **€ 25** administration fee
- Written cancellation, **for Multi daysTours** , received after **August 17th, 2008**: No refund & full charge will apply.

Method of Payment for Registration/ Hotel Accommodation / Tours

Payment can be effected either:

a) By bank remittance stating the **"World Congress of the World Federation for Mental Health"**, as well as, the name of the participant:

To **Bank of Cyprus** -Athens Branch-11, Vas.Sofias Ave. & Sekeri Str., GR-106 71 -Athens, Greece,
to the order of **ERA Ltd - Account No:** 1 1 7 9 0 4 0

Swift Code: BCYPGAAA,

IBAN: GR6907300010000000001179040

Please enclose a copy of transfer receipt with the form.

Charges are the responsibility of the participants and should be paid at source in addition to the accommodation fees.

Payment can be effected either:

a) By bank remittance stating the **"WFMH 2009 CONGRESS"**, as well as, the name of the participant:

To Bank of Cyprus -Athens Branch-11, Vas.Sofias Ave. & Sekeri Str., GR-106 71 -Athens, Greece, to the order of **ERA Ltd**
Account No: **1 1 7 9 0 4 0** (Swift Code: BCYPGAAA), IBAN: GR6907300010000000001179040

Please enclose a copy of transfer receipt with the form.

Charges are the responsibility of the participants and should be paid at source in addition to the accommodation fees.

b) By major credit cards. Please complete the relevant information as described below.

Written confirmation will be sent by **ERA Ltd**, upon receiving your Reservation form.

For deposit: I authorize **ERA Ltd** to debit my Credit Card, for the Sum of: **EUR**_____

For full payment: I authorize **ERA Ltd** to debit my Credit Card by **August 24th** and settle my debit account to the Congress.

VISA

MASTERCARD

AMERICAN EXPRESS

Card Number: ____ / ____ / ____ / ____

3 last digits: ____ Valid from (For AMEXCO card holders) ____ / ____

Expiration Date : ____/____

Cardholder's name: _____

Signature : _____

Date : ____/____/____