**14th PANHELLENIC CONFERENCE ON ALZHEIMER’S DISEASE (PICAD) &**

**6th MEDITERRANEAN CONFERENCE ON NEURODEGENERATIVE DISEASES (MeCoND)**

**13-16 February 2025**

**Registration Form**

To be completed and sent to the Conference Secretariat:

P. Syndika 13, 546 43, Thessaloniki, Greece – Tel.: +30 2310 810411 - Fax: +30 2310 925802

Email: [info@alzheimer-hellas.gr](mailto:info@alzheimer-hellas.gr)

Full Name: ………………………………………………….…………………………………….….

(With this name you will be able to log in at the conference -select full name or diminutive, Greek or Latin characters etc)

Profession:………………………………………………………………..…………..……….………

Specialty:………………………………………………………………………………………………

Institution/Affiliation….………………………………………………………….…………………..

Tel:.…………………………………………..mobile phone:…………………………..……….….

Address: …………………………………………………………………………………….………..

Fax:………………………………………………E-mail:……………………………………………

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| Status | Early Bird Fee  (Until 30 November 2024) | Standard Fee  (1 December 2024 –  31 January 2025) | Fee  1st February 2025- on site |
| Specialized Doctors | 100 EUR | 110 EUR | 120 EUR |
| Specializing Doctors | 50 EUR | 60 EUR | 80 EUR |
| Other professionals | 30 EUR | 40 EUR | 50 EUR |
| Students | 20 EUR | 25 EUR | 30 EUR |
| Caregivers | 20 EUR | 20 EUR | 20 EUR |

For your participation, after the deposit (or e-banking) in the following bank account, please send the deposit slip by

**FAX to: +30 2310 925802** or

**e-mail it to:** [**info@alzheimer-hellas.gr**](mailto:info@alzheimer-hellas.gr)

**Account Holder: Panhellenic Institute of Neurodegenerative Diseases/Panellinio Institouto Nevroekfilistikon Nosimaton**

**Account No. :705002002012506**

**Bank: ALPHA BANK S.A. THESSALONIKH HARILAOU, 25 MARTIOU (705)**

**BIC: CRBAGRAAXXX**

**IBAN Code: GR6301407050705002002012506**

**Beneficiary: Panhellenic Institute of Neurodegenerative Diseases, PINDIS/ Πανελλήνιο Ινστιτούτο Νευροεκφυλιστικών Νοσημάτων, PINDIS**