

Radiology in Crete, Greece: Hotel Registration

Enclosed is \$1,500 per room deposit. Cancellations will result in a \$350.00 per room cancellation fee in addition to penalties that may be imposed by the hotel and ground operator. There will be no refund on cancellations received on or after June 03, 2022. By completing this form, I/we acknowledge and accept all the terms and conditions. **Radiology International's full Terms & Conditions may be found on our website - www.radiologyintl.com**

Email Address:

Last Name: First Name:

Additional Persons:

Address:

City, State/Province:

Zip/Postal Code: Country:

Phone: (home) (mobile)

Land Arrangements for Radiology in Crete.

Prices may change if there is significant fluctuation in the exchange rates.

All Hotel rooms in the Hotel Program are at Elounda Bay Palace
Please select room types by indicating which Pricing Plan you request.

Hotel Program Pricing Plan: _____

Physician Rate Starts from: **\$2352.00 USD** Second Person Rate : **\$558.00 USD**

Information on prices for extra days and room upgrades please contact Nadine at 860-344-7048 or by emailing: Nadine@Radiologyintl.com. A deposit of \$ 1,500.00 is required with your reservation and the balance is due by June 03, 2022.

There will be no refunds after June 03, 2022. Before then there will be a cancellation fee of \$350.00 per room

If you have any special needs please note them here:

Payment Method: Visa American Express MasterCard Cheque

Card / Cheque #:

Exp Date: Security Code: Total Enclosed: \$

Authorized Signature: _____

I am interested in: Pre and Post-Conference Tours Discounted Airfares Car Rental

If paying by check, please make your check payable to Radiology International Inc. and mail to Radiology International, 945 Farmington Avenue, West Hartford, CT 06107, USA with a copy of this form. All credit card authorizations will be processed by Radiology International Inc.

To make your reservations email or fax this form to 860-233-2331 or email to Nadine@Radiologyintl.com

***In addition to the registration form, kindly read, sign and return the [COVID-19 Waiver](#) found on our website - www.radiologyintl.com**



Radiology in Crete Greece: Scientific / Social Registration

Email Address:

Last Name: M.D. D.O. Dr.

First Name:

Companion Name(s)

Companion Email(s)

Badge Name(s) **(Print all names as you would like them to appear on name badges)**

Address:

City, State/Province:

Zip/Postal Code: Country:

Phone: (home) (work) (mobile)

- Scientific Registration (**before** February 1, 2022): \$2,595.00
 - Scientific Registration (**after** February 1, 2022): \$2,795.00
 - Plus 5 **SAM** (Self Assessment **M**odules) Credits: \$250.00
 - Social Registration (companion(s)): \$575.00
- Total:

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Payment Method: Visa American Express MasterCard Cheque

Card / Cheque #:

Exp Date: Security Code: Total Enclosed: \$

Authorized Signature:

Please FAX Form to 860-356-0922

Please complete, then print and mail with your check or money order payable to:
Radiology International, Inc., 945 Farmington Avenue, West Hartford, CT 06107, Telephone: 860-225-1700 ext 1600
Or, to pay by credit card fax to: 860.356.0922 or scan and email to nadine@radiologyintl.com

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