



**III Congreso Nacional SEOQ**  
Sociedad Española de Oncología Quirúrgica  
**V Reunión GECOP**  
Grupo Español de Cirugía Oncológica Peritoneal

Del 3 al 4 de Octubre de 2013  
PALACIO DE CONGRESOS DE ALICANTE  
ILUSTRE COLEGIO OFICIAL DE MÉDICOS DE ALICANTE



## REGISTRATION

Please use capital letters and send this registration form by email: [seoq2013\\_reg@kenes.com](mailto:seoq2013_reg@kenes.com) or Fax: 913559208

Mrs.  Mr.  Dr.  Prof.

LAST NAME ..... NAME .....  
WORK CENTER .....  
ADDRESS .....  
POSTAL CODE ..... CITY ..... COUNTRY .....  
EMAIL ..... TEL ..... FAX .....

## REGISTRATION FEE

### Full attendance to all activities

*Includes attendance to all sessions, congress documentation, coffee breaks, working lunch, certificate of attendance and taxes.*

	Up to 1 August 2013	From 1 August 2013
Members of SEOQ and GECOP	<input type="checkbox"/> 315 €	<input type="checkbox"/> 395 €
No Members <sup>1</sup>	<input type="checkbox"/> 420 €	<input type="checkbox"/> 525 €
Residents <sup>2</sup>	<input type="checkbox"/> 100 €	<input type="checkbox"/> 160 €

<sup>1</sup> If you register as No Member, automatically you will be register too as member of SEOQ, free of charge the first year.

<sup>2</sup> The registration form must be accompanied by a letter from the Head of the Scholarship Program or Services, which certifies the date of commencement and termination date thereof

### Attendance only:

*Includes one day access at the room allocated to these sessions, congress documentation, coffee breaks and lunch on the day of the Journey, certificate of attendance and taxes.*

	Up to 1 August 2013	From 1 August 2013
Journey of Thoracic Surgery Thursday 3 October	<input type="checkbox"/> 130 €	<input type="checkbox"/> 150 €
Journey of Urology Thursday 3 October	<input type="checkbox"/> 130 €	<input type="checkbox"/> 150 €
Journey of Nursery Friday 4 October	<input type="checkbox"/> 90 €	<input type="checkbox"/> 100 €

**Registration Cancellation & Refund Policy:** Cancellations must be notified in writing to the Congress Secretariat, email: [seoq2013\\_reg@kenes.com](mailto:seoq2013_reg@kenes.com). Cancellation policy: Cancellations received up to 1st august 2013, will be refunded less an administrative charge of 25 €. No refunds will be made for cancellations received after 1st august 2013 or no shows. The appropriate refunds will be made after the Congress by bank transfer.

## ACCOMMODATION

	SINGLE ROOM	DOBLE ROOM
Porta Maris 4*	<input type="checkbox"/> 90€	<input type="checkbox"/> 100€
Eurostars Lucentum 4*	<input type="checkbox"/> 76€	<input type="checkbox"/> 83€
Maya 3*	<input type="checkbox"/> 47€	<input type="checkbox"/> 54€

*Rates are per room/night, breakfast and taxes included.*

**Cancellation Policy and Changes:** Cancellations must be notified in writing, faxed or emailed to the Congress Secretariat (Fax: +34 91 355 9208 - Email: [seoq2013\\_reg@kenes.com](mailto:seoq2013_reg@kenes.com)). Refund of registration fees will be as follows: Cancellations received up to 31st January 2013, will be refunded less an administrative charge of 10% of total payment. No refunds will be made for cancellations received after 31st August 2013 or No shows. The appropriate refunds will be made after the Congress.

Check In ..... Check Out ..... Total nights .....  
I will share my accommodation with: .....

## SOCIAL PROGRAM

Thursday 3 October at 21:30. **Official Congress Dinner**  50€ (Rates are per room taxes included)

## PAYMENT

Indicate below the total amount of your registration and the method of payment:

REGISTRATION ..... HOTEL ..... SOCIAL PROGRAM ..... **TOTAL AMOUNT** .....

**Credit Card**  VISA  MASTER CARD  AMEX

Name of the holder: .....

Credit Card Number: ..... Expiry Date: .....

**Bank Transfer** to TileSA Kenes Spain

**Account Nº:** (BBVA) ES90 0182 4001 0002 0156 9765 **SWIFT:** BBVAESMM

In order to detect your payment it is necessary to include in bank transfer the text "SEOQ13" plus your name and send with this form a copy of the bank transfer KENES TILESA SPAIN. (We remind you that the transfer costs should be paid by the originator).

I authorize TILESA KENES SPAIN to charge to this credit card the full amount. With my signature I confirm that I have read and am fully aware of the cancellation policy of this form. **Date, name and signature of the holder:**