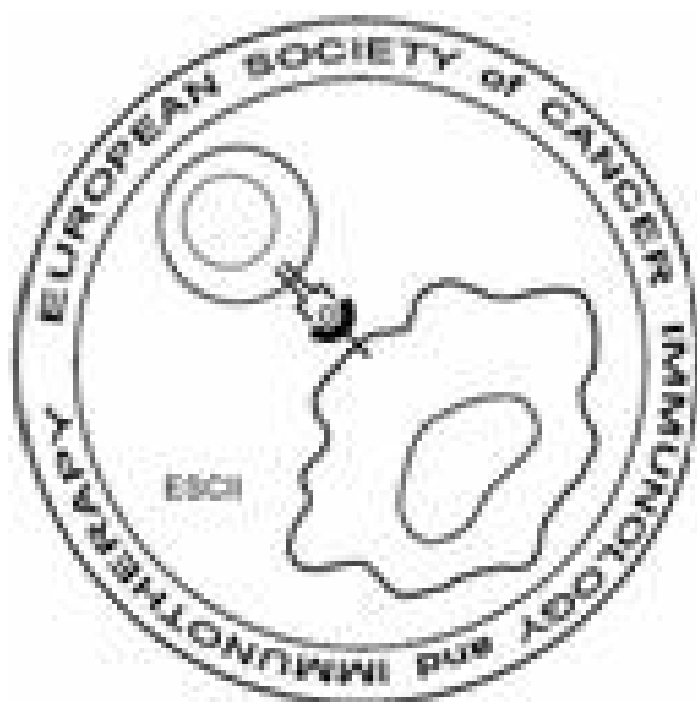


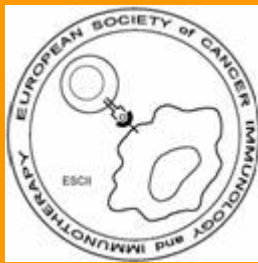
RECENT ADVANCES IN CANCER IMMUNOTHERAPY WITH AN EMPHASIS ON VACCINES



9-11 October, 2008
***National Hellenic Research
Foundation, Athens-Greece***

**Organized by European Society of Cancer Immunology Immunotherapy (ESCI)
and Progress in Vaccine against Cancer (PIVAC)**

In collaboration with the Institute of Biological Research and Biotechnology of the NHRF



Invited Speakers

Allison J (USA)
Baxevanis C (GR)
Brichard C (BE)
Cavallo F (IT)
Cerundolo V (UK)
Coulie P (BE)
Figdor C (NL)
Finn O (USA)
Gabrilovich D (USA)
Gilboa E (USA)
Glennie M (UK)
Holmgren L (SWE)
June C (USA)
Kiessling R (SWE)
Knuth A (DE)
Knutson K (USA)
Melief C (NL)
Papamichail M (GR)
Parmiani G (IT)
Peoples G (USA)
Romero P (CH)
Schultze J (D)
Velardi A (IT)

Organizing Committee

G Forni (I),
R Kiessling (SWE)
C Melief (NL)
G Pawelec (D)
M Papamichail (GR)

Local Chair: M Papamichail (GR)

Topics to be Addressed

- Antibodies
- Blocking Anti-T cell checkpoints
- Suppressor cells
- Immunological monitoring
- Tumor microenvironment
- Adoptive Cell Therapy
- Anti – angiogenesis
- Cancer Vaccines
- Preventive vaccines
- Clinical trials
- Combinational Immunotherapy with Chemotherapy

Registration

Online first announcement and Registration – Reservation form can be found at www.ciic.gr & www.era.gr

Registration fees (include coffee breaks and light lunches)	
Up to September 15 th	After September 15 th & On site registration
400€	450€

Attendance will be limited to 250 participants.

ESCII members who have paid the annual membership fee for 2008, (50 €), receive a discount of 70 €.

Abstracts for a poster session should be sent to:
M. Papamichail: papamichail@ciic.gr

Deadline for submission of abstracts has been extended to September 15, 2008

"RECENT ADVANCES IN CANCER IMMUNOTHERAPY WITH AN EMPHASIS ON VACCINES"

09 – 11 October, 2008

National Hellenic Research Foundation, Athens – Greece

REGISTRATION & RESERVATION FORM

Please type or print in block letters and return this form to the official 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) : _____

Title : Prof. Dr. / Mr. Ms.

Address: _____

City : _____ Zip code: _____ Country : _____

Tel : _____ Fax: _____ E-mail: _____

Accompanying Person(s) : Mr. Ms. Child(ren) Age of children : _____

1. Family Name _____ First name(s): _____

2. Family Name _____ First name(s): _____

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

I do / I do not allow giving my address details to third parties.

I. REGISTRATION FEES

Type of Registration	Payment until September 15 th , 2008	Payment after September 15 th
Delegate Non Member	€ 400 <input type="checkbox"/>	€ 450 <input type="checkbox"/>
Delegate ESCII Member ¹	€ 330 <input type="checkbox"/>	€ 380 <input type="checkbox"/>
Accompanying Persons	€ 160 <input type="checkbox"/>	€ 170 <input type="checkbox"/>
TOTAL FOR REGISTRATION (I)		€

1. ESCII members who have paid the annual membership fee for 2008.

The registration fees for Delegates ESCII Members / Non Members cover:

- Access to the Scientific Sessions
- Opening Ceremony & Welcome Reception on October 9th, 2008
- Congress material (Congress kit, Book of Abstracts, Certificate of attendance)
- Coffee breaks, light lunches
- Farewell dinner, Saturday October 11th, 2008

The registration fees for Accompanying persons cover:

- Opening Ceremony & Welcome Reception on October 9th, 2008
- Athens sightseeing tour on October 10th
- Farewell dinner, Saturday October 11th, 2008

II.ACCOMMODATION (Daily rates per room, including Breakfast & taxes) Early reservation is highly recommended!!!

Check-in date: ____/ 10/ 2008

Check-out date: ____/ 10/ 2008

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 Congress venue	Single room (1 Pers)	Double/Twin room (2pers)	X Nights	X Rooms
ATHENS PLAZA (Syntagma Square)	5*	Standard	1,1km	€ 185	€ 200	X.....	X.....
Airotel PARTHENON (Plaka)	4*	Standard	1.5km	€ 135	€ 145	X.....	X.....
ELECTRA (Syntagma Square)	4*	Standard	1,2km	€ 140	€ 160	X.....	X.....
BW ILISIA	3*	Standard	0.3km	€ 110	€ 135	X.....	X.....
ASTOR (Syntagma Square)	3*	Standard	1,2km	€ 110	€ 135	X.....	X.....
TOTAL FOR HOTEL ACCOMMODATION (II)							€

- *Room reservations will be made on a first-come first-served basis. ERA Ltd will be able to guarantee room reservations by **August 20th, 2008**. After this date, requests will be accepted but subject to hotels' availability.*
- *Hotels Reservations should be sent to ERA and not to the Hotels.*

III. DAILY ORGANIZED TOURS	Preferred date	Cost per person	No. of persons	Total in €
<input type="checkbox"/> Athens Sightseeing tour (09:00 – 12:30)	____/October/2008	€ 45	X.....	
<input type="checkbox"/> Cape Sounion (15:00 – 19:00)	____/October/2008	€ 35	X.....	
<input type="checkbox"/> One day Delphi , including lunch (08:45 – 19:00)	____/October/2008	€ 90	X.....	
<input type="checkbox"/> One day Argolis , including lunch (08:45 -19:00) Except Sundays, Mondays and Fridays	____/October/2008	€ 90	X.....	
<input type="checkbox"/> One day Cruise including lunch (08:00 – 19:15)	____/October/2008	€ 90	X.....	
TOTAL FOR DAILY OPTIONAL TOURS (III)				€

IV. OPTIONAL PRE & POST CONGRESS TOURS	PRE Dates	POST Dates	Cost in Single room	Cost per pers in Double room	No. of rooms	Total in €
<input type="checkbox"/> Island Hopping Myconos	05-08 OCT <input type="checkbox"/>	12-15 OCT <input type="checkbox"/>	<input type="checkbox"/> € 585	<input type="checkbox"/> € 400	X.....	
<input type="checkbox"/> Island Hopping Crete	05-08 OCT <input type="checkbox"/>	12-15 OCT <input type="checkbox"/>	<input type="checkbox"/> € 620	<input type="checkbox"/> € 410	X.....	
<input type="checkbox"/> Island Hopping Santorini	05-08 OCT <input type="checkbox"/>	12-15 OCT <input type="checkbox"/>	<input type="checkbox"/> € 495	<input type="checkbox"/> € 340	X.....	
<input type="checkbox"/> Island Hopping Rhodes	05-08 OCT <input type="checkbox"/>	12-15 OCT <input type="checkbox"/>	<input type="checkbox"/> € 530	<input type="checkbox"/> € 340	X.....	
<input type="checkbox"/> Delphi -2 Days in 4* Hotel	07-08 OCT <input type="checkbox"/>	12-13 OCT <input type="checkbox"/>	<input type="checkbox"/> € 165	<input type="checkbox"/> € 130	X.....	
<input type="checkbox"/> Delphi -Metedora -3 Days in 4* Hotel	05-07 OCT <input type="checkbox"/>	12-14 OCT <input type="checkbox"/>	<input type="checkbox"/> € 376	<input type="checkbox"/> € 310	X.....	
<input type="checkbox"/> Classical tour & Metedora -4 Days in 4* Hotel	04-07 OCT <input type="checkbox"/>	13-16 OCT <input type="checkbox"/>	<input type="checkbox"/> € 565	<input type="checkbox"/> € 465	X.....	
TOTAL FOR PRE & POST CONGRESS TOURS (IV)						€
GRAND TOTAL FOR (I, II, III, IV)						€

Registration Cancellation Policy :

For cancellation of registration, the Congress Secretariat should be notified in writing. Cancellation policy will apply as follows:

- On or before September 1st, 2008: Full refund less administrative costs of € 20.
- After September 1st. no refunds can be made

Payment conditions for Hotels & Tours Reservations

- One (1) night 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 Congress Tours.
- **Full prepayment** for Hotel & Tours reservations, should reach **ERA Ltd** not later than **September 1st, 2008**

Please check that your name and "Advances in Cancer Immunotherapy" are clearly indicated in order to ensure that the payment will be correctly registered.

Cancellation Policy for Hotel reservation

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 **September 1st, 2008: 1 night cancellation fee apply.**
2. Written cancellation received by **September 22nd, 2008: 2 nights cancellation fee apply.**
3. Written cancellation received from **September 22nd, 2008** 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 received by **September 22nd, 2008: Full refund less € 20 administration fee.**
- Written cancellation received after **September 22nd, 2008: No refund & full charge will apply.**

In the event of Non-show, the Hotel will automatically release the reservation and the payment will be non-refundable

Payment can be effected either:

a) By bank remittance stating the " **Advances in Cancer Immunotherapy**", 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:** BCYPGAA - **IBAN:** G R 6 9 0 7 3 0 0 0 1 0 0 0 0 0 0 0 0 1 1 7 9 0 4 0
 Please enclose a copy of transfer receipt with the form. **Charges to be paid by sender.**

b) By major credit cards. Please complete the relevant information as described below.
 Written confirmation upon receiving your Reservation form will be sent by **ERA Ltd.**

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 **September 1st, 2008** 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: _____

I agree with the above payment & cancellation policy

Signature : _____

Date : ___/___/___