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
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

<table>
<thead>
<tr>
<th>Registration fees (include coffee breaks and light lunches)</th>
<th>Up to September 15th</th>
<th>After September 15th &amp; On site registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>400€</td>
<td>450€</td>
<td></td>
</tr>
</tbody>
</table>

Attendance will be limited to 250 participants.

ESCI 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.

<table>
<thead>
<tr>
<th>Type of Registration</th>
<th>Payment until September 15th, 2008</th>
<th>Payment after September 15th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegate Non Member</td>
<td>€ 400 ☐</td>
<td>€ 450 ☐</td>
</tr>
<tr>
<td>Delegate ESCII Member</td>
<td>€ 330 ☐</td>
<td>€ 380 ☐</td>
</tr>
<tr>
<td>Accompanying Persons</td>
<td>€ 160 ☐</td>
<td>€ 170 ☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HOTEL NAME</th>
<th>Cat.</th>
<th>Type of room</th>
<th>Distance from Congress venue</th>
<th>Single room (1 Pers)</th>
<th>Double/Twin room (2pers)</th>
<th>X Nights</th>
<th>X Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATHENS PLAZA (Syntagma Square)</td>
<td>5*</td>
<td>Standard</td>
<td>1,1km</td>
<td>€ 185</td>
<td>€ 200</td>
<td>X.........</td>
<td>X.........</td>
</tr>
<tr>
<td>Airotel PARTHENON (Plaka)</td>
<td>4*</td>
<td>Standard</td>
<td>1.5km</td>
<td>€ 135</td>
<td>€ 145</td>
<td>X.........</td>
<td>X.........</td>
</tr>
<tr>
<td>ELECTRA (Syntagma Square)</td>
<td>4*</td>
<td>Standard</td>
<td>1,2km</td>
<td>€ 140</td>
<td>€ 160</td>
<td>X.........</td>
<td>X.........</td>
</tr>
<tr>
<td>BW ILISIA</td>
<td>3*</td>
<td>Standard</td>
<td>0.3km</td>
<td>€ 110</td>
<td>€ 135</td>
<td>X.........</td>
<td>X.........</td>
</tr>
<tr>
<td>ASTOR (Syntagma Square)</td>
<td>3*</td>
<td>Standard</td>
<td>1,2km</td>
<td>€ 110</td>
<td>€ 135</td>
<td>X.........</td>
<td>X.........</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>TOUR</th>
<th>Preferred date</th>
<th>Cost per person</th>
<th>No. of persons</th>
<th>Total in €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athens Sightseeing tour (09:00 – 12:30)</td>
<td>____/October/2008</td>
<td>€ 45</td>
<td>X...............</td>
<td></td>
</tr>
<tr>
<td>Cape Sounion (15:00 – 19:00)</td>
<td>____/October/2008</td>
<td>€ 35</td>
<td>X...............</td>
<td></td>
</tr>
<tr>
<td>One day Delphi, including lunch (08:45 – 19:00)</td>
<td>____/October/2008</td>
<td>€ 90</td>
<td>X...............</td>
<td></td>
</tr>
<tr>
<td>One day Argolis, including lunch (08:45 -19:00) Except Sundays, Mondays and Fridays</td>
<td>____/October/2008</td>
<td>€ 90</td>
<td>X...............</td>
<td></td>
</tr>
<tr>
<td>One day Cruise including lunch (08:00 – 19:15)</td>
<td>____/October/2008</td>
<td>€ 90</td>
<td>X...............</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL FOR DAILY OPTIONAL TOURS (III) €**

### IV. OPTIONAL PRE & POST CONGRESS TOURS

<table>
<thead>
<tr>
<th>TOUR</th>
<th>PRE Dates</th>
<th>POST Dates</th>
<th>Cost in Single room</th>
<th>Cost per pers in Double room</th>
<th>No. of rooms</th>
<th>Total in €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Island Hopping Mykonos</td>
<td>05-08 OCT</td>
<td>12-15 OCT</td>
<td>☐ € 585</td>
<td>☐ € 400</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Island Hopping Crete</td>
<td>05-08 OCT</td>
<td>12-15 OCT</td>
<td>☐ € 620</td>
<td>☐ € 410</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Island Hopping Santorini</td>
<td>05-08 OCT</td>
<td>12-15 OCT</td>
<td>☐ € 495</td>
<td>☐ € 340</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Island Hopping Rhodes</td>
<td>05-08 OCT</td>
<td>12-15 OCT</td>
<td>☐ € 530</td>
<td>☐ € 340</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Delphi - 2 Days in 4* Hotel</td>
<td>07-08 OCT</td>
<td>12-13 OCT</td>
<td>☐ € 165</td>
<td>☐ € 130</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Delphi - Meteora - 3 Days in 4* Hotel</td>
<td>05-07 OCT</td>
<td>12-14 OCT</td>
<td>☐ € 376</td>
<td>☐ € 310</td>
<td>X............</td>
<td></td>
</tr>
<tr>
<td>Classical tour &amp; Meteora - 4 Days in 4* Hotel</td>
<td>04-07 OCT</td>
<td>13-16 OCT</td>
<td>☐ € 565</td>
<td>☐ € 465</td>
<td>X............</td>
<td></td>
</tr>
</tbody>
</table>

**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: 1179040 - Swift Code: BCYPGRAA - IBAN: GR69073001000000001179040
   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: ___ / ___ / ___