

## REGISTRATION FORM for Presenters

Please complete the form and send by e-mail or fax to the Conference Secretariat before **May 20**. Should you have any questions, please do not hesitate to contact Mr. Delis Ilias.

Fax: +30 22730-94537 E-mail (preferable): [icictth@ineag.gr](mailto:icictth@ineag.gr)

### DELEGATE INFORMATION (Please type or print clearly in CAPITAL LETTERS)

\*all fields marked with a star are required for registration

\*Title:  Mr.  Mrs.  Ms.  Prof.  Dr.  Others (Please specify: \_\_\_\_\_)

\*Function at conference:  Delegate  Student  Invited speaker  Committee member

\*Please choose position:

Senior researcher  Post-doctoral fellow  Doctoral student  Government official  Other:

\*First (Given) name: \_\_\_\_\_ \*Middle name: \_\_\_\_\_ \*Last (Family) name: \_\_\_\_\_

\*Organization: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Tel: (country code - area code - tel no.) \_\_\_\_\_ \*Fax: (country code - area code - tel no.) \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

\*Special dietary requirements: (please tick your choices)

None  Vegetarian  No beef  No pork  No sea food  Other \_\_\_\_\_

### Accompanying person (Please type or print clearly in CAPITAL LETTERS)

\*Title:  Mr.  Mrs.  Ms.

\*First (Given) name: \_\_\_\_\_ \*Middle name: \_\_\_\_\_ \*Last (Family) name: \_\_\_\_\_

Samos | July 15-17, 2010



**\*Special dietary requirements:** (please tick your choices)

None  Vegetarian  No beef  No pork  No sea food  Other \_\_\_\_\_

**PAPER TITLE:**

Please specify what kind of equipment is necessary for your presentation:  
**underline those you are interested in**

- Internet Access
- Overhead Projector
- Slide Projector
- VCR
- Other (specify)
- No equipment Required

**Extra Tickets for accompanying persons**

<i>Tickets for the Social Program</i>	<i>Amount in €</i>	<i>No of Tickets</i>	<i>Total</i>
Lunch in a traditional Greek tavern	18€		
Opening Reception	25€		
Lunch in a traditional Greek tavern	18€		
Greek Night (traditional Greek dinner, live music)	30€		
<b>Total</b>			

<b>Payment &amp; fees for presenters:</b>	<i>Amount in €</i>
<b>300.00 Euros (after 20<sup>th</sup> of May 2010, 320.00 €)</b>	
<b>2<sup>nd</sup> presentation (under the same presenter 120.00 €)</b>	
<b>TOTAL Amount for Presenter Registration</b>	
<b>Amount for Extra Tickets Night</b>	
<b>TOTAL Payable Amount</b>	

**Method of Payment** (circle):

**1. Payment By Credit Card**

I hereby authorize INEAG S.A to charge my credit card with the total amount of EURO: € \_\_\_\_\_ which corresponds with registration fees, and/or social program cost and/or any subsequent charges that may occur (full payment, cancellation fees, substitution fees etc) regarding my participation in the 8<sup>th</sup> ICICTH Conference.

VISA                      MasterCard                      American Express                      Diner's Club

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

V-Code: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Cardholder Signature: \_\_\_\_\_

## 2. Payment By Bank Transfer (Please complete the exact date of the bank transfer receipt) ...../.../.....

Please pay to **Research and Training Institute of East Aegean (INEAG SA)**

Bank: ALPHA Bank

Account number: 142 002 002 006 236

Iban number: GR56 0140 1420 1420 0200 2006 236

BIC: CRBAGRAAXXX

### Important notices

1. A copy of the bank receipt for deposit must be sent with the completed registration form.
2. All receipts must state the ICICTH 2010 + Family name + First name.
3. When names of participants are NOT stated on the bank transfer, your payment cannot be linked. Consequently, your payment will be unknown to the Administration Office. Consequently the reservation will not be honoured.(Bring with you a copy of the bank receipt )

### Cancellation Policy

*Request for refunds have to be made in writing to: Yiasmin Kioulafa- Financials of the Conference- Secretary [samos@ineag.gr](mailto:samos@ineag.gr), TEL/FAX: 22730-94537, MOBILE : 6973070732*

### Presenters:

- Airmail postmarked by May 20, 2010 (50% refund by check in Euro)
- Airmail postmarked after May 20, 2010 (no refund)

### Notes:

- If you will pay by credit card, you will have an extra charge of 10,00€ to your total payable amount. (BANK TAXES)
- In case that you are student and presenter the same time, you have to be registered under the presenter's fee.
- Presenters must pay their fee until 20<sup>th</sup> of May, 20<sup>th</sup> of May the programme will be sent to printers
- **PRESENTERS must pay their FEE until 20<sup>th</sup> of May 2010 other wise their presentation may not be included in conference proceedings**
- If anyone else of the presenters team, (under the same paper) will participate has to pay the amount of **120.00 €** for taking part to the social events and transportation

### Signature