



REGISTRATION FORM for Participants

Please complete the form and send by e-mail or fax to the Conference Secretariat ice@ineag.gr. Should you have any questions, please do not hesitate to contact Mr. Valadis Prachalias.

Tel: +30 6976021240

Fax: +30 210-7564462

E-mail: ice@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: _____

*Special dietary requirements: (please tick your choices)

None Vegetarian No beef No pork No sea food Other _____

Extra Tickets for accompanying persons			
Tickets for the Social Program	Amount in €	No of Tickets	Total
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€		
Total			

Payment & fees for participants:	Amount in €
Participant (200,00 Euros)	
Students 200.00 €	
Group 250,00 € for each participant	
Amount for Participant Registration	
Amount for Extra Tickets	

TOTAL Payable Amount	
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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 8th ICE 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, Bank's Address: 142, Alexandras Avenue, Postal Code: 11471

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 **ICE 2012 + 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: Valadis Prachalias - Financials of the Conference- Secretary
ice@ineag.gr, TEL: 6976021240, FAX: 210 7564462

Presenters:

- *Airmail postmarked by April 15, 2012 (50% refund by check in Euro)*
- *Airmail postmarked after April 15, 2012 (no refund)*

Notes:

- If you will pay by credit card, you will have an extra charge of 20,00€ 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.
- **Students** have to submit with the registration form proof of their student status.
- **Group** registration applies for registration of four or more participants from the same institution or organization

Signature

