

1st Summer School on Biomedical & Health Informatics 2010

REGISTRATION FORM for Participants

Please complete the form and send by e-mail or fax to the Conference Secretariat before **May 09**. Should you have any questions, please do not hesitate to contact Dr. Vassilios G. Katsilieris.

Tel: +30 6944 380 570

Fax: +30 22730-94537

E-mail: vkatsil@econ.uoa.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: _____)

*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: _____

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 1st Summer School on Biomedical & Health Informatics.

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: _____

Samos | 19 - 24 July, 2010



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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 Summer School 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: Dr. Vassilios G. Katsilieris, Summer School Coordinator. TEL: +30 6944 380 570, FAX: 22730-94537

Notes:

- If you will pay by credit card, you will have an extra charge of 20,00€ to your total payable amount. (BANK TAXES)

Signature

