



## 27-30 April 2009, Athens, GREECE REGISTRATION FORM

**PLEASE FILL OUT FORM IN CAPITAL LETTERS AND RETURN BY FAX OR E-MAIL TO:**  
 ZITA CONGRESS & TRAVEL 1<sup>st</sup> Km Markopoulou – Peanias, P.O.Box 155, 19002 Peania, Attiki, GREECE  
 Phone: +30 211 100 1783 Fax: +30 210 6642116, Ms Natalia Tsakmakidou, E-mail: [technart2009@inp.demokritos.gr](mailto:technart2009@inp.demokritos.gr)  
 One copy of the registration form should be filled out for each participant.

*PLEASE PRINT IN CAPITAL LETTERS*

### A. PERSONAL INFORMATION

Title	Prof.	Dr.	Mr.	Mrs.	Ms.	Other		
Family name						Name		
Institution								
Address								
City, (State), Zip Code						Country		
Telephone						Fax		
E-mail								
Accompanying Person(s)	Mr.	Mrs.	Ms.	Family name:			Name:	
	Mr.	Mrs.	Ms.	Family name:			Name :	

Please indicate if you wish a letter of invitation for visa purposes

### B. REGISTRATION FEES (please tick accordingly)

	By March 27, 2009		After March 27, 2009	
	€	<input type="checkbox"/>	On site	
Regular Participant	€ 250	<input type="checkbox"/>	€ 300	<input type="checkbox"/>
Student*	€ 150	<input type="checkbox"/>	€ 170	<input type="checkbox"/>
Accompanying Person	€ 120	<input type="checkbox"/>	€ 130	<input type="checkbox"/>

\*Proof of student status (student ID or letter from academic supervisor) must accompany this form.

### C. ACCOMMODATION

Fill out this section only if you wish the conference organizers to book your accommodation. To secure room reservation **a one-night deposit is required**. The rest of the payment for the hotel accommodation **has to be paid UPON ARRIVAL** at the Congress Secretariat and NOT at the Hotel reception where only extras will be paid.

Hotel	Room	Rate/person/night (Bed & Breakfast included)
KING JASON HOTEL ***	Per Person in DOUBLE ROOM	€ 38 <input type="checkbox"/>
	SINGLE ROOM	€ 75 <input type="checkbox"/>
JASON INN HOTEL ***	Per Person in DOUBLE ROOM	€ 45 <input type="checkbox"/>
	SINGLE ROOM	€ 85 <input type="checkbox"/>
ATHENS CYPRIA HOTEL ***	Per Person in DOUBLE ROOM	€ 52 <input type="checkbox"/>
	SINGLE ROOM	€ 83 <input type="checkbox"/>
BEST WESTERN ILISIA HOTEL ****	Per Person in DOUBLE ROOM	€ 52 <input type="checkbox"/>
	SINGLE ROOM	€ 95 <input type="checkbox"/>
STANLEY HOTEL ****	Per Person in DOUBLE ROOM	€ 57 <input type="checkbox"/>
	SINGLE ROOM	€ 99 <input type="checkbox"/>

Sharing double room with: \_\_\_\_\_

Check-in date: _____	Check-out date: _____
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### D. CONFERENCE DINNER -Wednesday, 29/04/2009 (please tick if you wish to participate)

Conference Dinner: 50,00€ per person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES: No. of persons ____
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IF YOU HAVE ANY SPECIAL MEAL PREFERENCES, PLEASE DESCRIBE: \_\_\_\_\_

**E. ONE DAY CRUISE -Friday, 01/05/2009 (please tick if you wish to participate)**

One Day Cruise: 70,00€ per person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES: No. of persons ____
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**F. TOTAL PAYMENT****1. CREDIT CARD PAYMENT**

I hereby authorize Zita Congress & Travel SA to charge my credit card with the total amount of EURO: € \_\_\_\_\_ corresponding to registration fees and/or accommodation and/or social program cost and/or any subsequent charges that may occur (full payment, cancellation fees, etc) regarding my participation in TECHNART 2009.

American Express       Mastercard       VISA

Card Holder Name: \_\_\_\_\_

Card No                                

Expiry Date: \_\_\_\_ / \_\_\_\_      CVC (card validation code):     

(See the reverse side of the card in the signature field, and print the last 3 digits. For American Express cards the 4 last digits of the card number in the front side of the card)

\_\_\_\_\_ *Card holder signature*

**2. BANK TRANSFER**

I have deposited the sum of € \_\_\_\_\_ at the Congress Secretariat Bank Account.

PIRAEUS BANK

Account number:      5041-036131-388

IBAN:      GR14 0172 0410 0050 4103 6131 388

Swift Code:      PIRBGRAA

**Important notices for bank transfer**

1. A copy of the bank receipt for deposit must be sent by fax or mailed together with the completed registration form.
2. A copy of the bank receipt for full settlement must be sent by fax or mailed.
3. All receipts must state the TECHNART 2009 + Family name + First name.
4. 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.
5. Company and personal cheques are not accepted.
6. Please do not forward any values by mail. The Organizing Committee will accept no liability for any loss.

**G. BILLING DETAILS**

Please tick one of the following billing options      Receipt       Invoice

**Tick if you would like us to use the delegate's details stated in the first page.**

Otherwise, please provide us with your billing details.

Company name/Individual's name: \_\_\_\_\_

Street / P.O. Box: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: (country code)/(number): (\_\_\_\_)/\_\_\_\_ Fax (country code)/(number): (\_\_\_\_)/\_\_\_\_

Email: \_\_\_\_\_

VAT No: \_\_\_\_\_ Local Tax Authority-ΔΟΥ (Greek Delegates only): \_\_\_\_\_

\_\_\_\_\_ Place / Date

\_\_\_\_\_ Signature / Name

UEMS / CME points will be grated