

REGISTRATION FORM

Kindly complete and return this form
by August 20th, 2002 to:
Hellenic Academic Libraries Link (HEAL-Link)
Aristotle University of Thessaloniki
Departments of Physics & Informatics Library
54124 Thessaloniki, Greece
Tel: +30 310 998208
Fax: +30 310 999428
e-mail: e-icolc4@physics.auth.gr

e-ICOLC CONGRESS 2002

OCT 3-5, 2002, THESSALONIKI GREECE

PLEASE TYPE OR USE BLOCK LETTERS

A. PARTICIPANT

One participant per form, please.

Surname		First name	
Institution/Organization/Consortium/Company (please quote URL)			
Street address			
Postal code and city		Country	
Phone		E-mail	
Fax		Nationality	Year of birth

Kindly indicate country and area codes with phone and fax numbers

B. ACCOMPANYING PERSON

Surname		First name		Nationality	
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C. REGISTRATION FEES

	By August 20 th , 2002	After August 20 th , 2002	No. of persons	Sub Total €
Participant	€300	€330		
Accompanying	€110	€110		

D. SOCIAL ACTIVITIES

Included in the registration fee.

I will attend:	No. of persons
<input type="checkbox"/> Welcome Cocktail – Wednesday, October the 2 nd	
<input type="checkbox"/> Dinner – Thursday, October the 3 rd	
<input type="checkbox"/> Open Air Greek Night - Friday, October the 4 th	
<input type="checkbox"/> Thessaloniki City Tour, <input type="checkbox"/> Dinner at a Greek Taverna - Saturday, October the 5 th	

E. SPECIAL REMARKS

For example dietary requirements

-----	GRAND TOTAL OF PAYMENTS	<input style="width: 80px; height: 30px;" type="text"/>
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F. ACCOMMODATION

For reservation purposes **Only** – to be paid directly to the hotel

Hotel Athos Palace-Pallini Beach ****		<input type="checkbox"/> Sgl €66*	<input type="checkbox"/> Dbl €72*	<input type="checkbox"/> Suite €122*	No. of nights
*breakfast included					
Date of arrival at the hotel		<input type="checkbox"/> Late arrival (after 18:00 p.m.)		I share room with	
Date of departure from the hotel		Special requests concerning accommodation			

G. METHOD OF PAYMENT

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Bank Transfer Bank: PIRAEUS BANK S.A Agelaki-Thessaloniki Branch Swift code and account: • PIRBGRA1202 • IBAN GR16017220200 05202014640096 Please make sure that your full name and the indication e-ICOLC 4 are stated on the transfer. Send a copy of the transmission by fax.
Credit card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Credit card holder _____	
Date of expiry (mm/yy) ____ / ____ Total amount _____	
<input type="checkbox"/> I agree to the debit of my Credit Card for the amount indicated in Section C above	
Date _____ Authorized signature* for credit card charge _____	
*(without your signature we cannot accept deposit by credit card)	

PLEASE SIGN THIS FORM

Date _____

Signature _____