

REGISTRATION FORM

FULL NAME _____

POSITION _____

COMPANY _____

TAX OFFICE _____

ADDRESS _____ CITY/POSTCODE _____

TELEPHONE No _____ FAX No _____

E-MAIL _____

PARTICIPATION FEE

A. Conference only 260€ per person

B. Dinner (March 16) 60€ per person

500€ table of 10

METHODS OF PAYMENT

1. By Bank Transfer to Alpha Bank

Account Number: 124 002320001788 / IBAN: GR8901 401240 124 0023 2000 1788

Please include the delegate name in the transmission details and then fax the deposit slip along with the registration form

2. By Credit Card

VISA AMERICAN EXPRESS MASTERCARD DINERS

Card Number: _____ Expiry Date: _____

Cardholder's Signature _____ Date _____

- Please send, fax or e-mail this registration form until **1 March 2010** to:
Fax Number 210 7295 978, email: g.vlachou@tsomokos.gr.
- Should you be unable to attend the conference, please notify us **in writing** until **12 March 2010**.
NO refunds will be provided for cancellations made after this time.
- Should you need more information, please contact Ms. Georgia Vlachou, Telephone number +30 210 72 89 000,
Email: g.vlachou@tsomokos.gr.