Protection and Restoration of the Environment IX

Kefalonia Greece 29 June – 3 July 2008

FAX TO: +30 2610 991 945

REGISTRATION FORM

Deadline: **June 20, 2008**

Title: ☐ **Prof** ☐ **Dr** ☐ **Mr** ☐ **Ms** **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution: **Department:**

Address:

Province/State: **Country:** **Zip/Postal Code:**

Email: **Paper ref. Number(s):** a) ___ ___ ___ b) ___ ___ ___ c) ___ ___ ___ d) ___ ___ ___

Tel: + ( ) **Fax:** + ( )

Country code *Area Code* *Number* *Country code* *Area Code* *Number*

A. REGISTRATION FEES

Registration Fees (€)	Early (by May 15th, 2008)	Late (after May 15th, 2008)	REGISTER
Regular	350	400	TOTAL (A) : €
Student	200	250	

All registration types include: admission to all scientific sessions, extended abstract book, CD-ROM with the Conference proceedings, coffee breaks, Welcome Reception, Banquet.

B. OPTIONAL ADDITIONAL ITEMS

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Additional Proceedings CD ROM	YES	25		
Additional Abstracts book	YES	50		
Welcome Reception Ticket (Sunday, June 29th)	YES	35		
Lunch Ticket	YES	20		
Banquet Ticket (Tuesday, July 1st)	YES	70		
			TOTAL (B) : €	

TOTAL TO BE PAID

A. Total for Registration (€)	B. Total for Additional Items (€)	GRAND TOTAL (A+B)
		€

CANCELLATION POLICIES *(Please tick and sign)*

☐ **I have read and accepted the cancellation terms mentioned on this form and on the Pre9 web site.**

Signature:.....

Date:.....

Cancellation Policy

A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before June 1st, 2008. No refunds will be issued after that date.

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (A €20 surcharge must be added on the fee Amount must be net of bank charges)

A notification email with the bank details will be sent to the email address given in this form.

***NB:* Make sure you add €20 at your payment and fax a copy of the bank transfer transaction to +30 2610 991945.**

☐ **By Credit Card.** Please circle one: MasterCard / VISA

*I authorize you to charge my credit card with the **Grand Total** amount of Euro _____ for my registration and optional additional items.*

Card Number: | | | | | | | | | | | | | | | | Expiration Date:_____

Cardholder's Name *(If the registrant is not the cardholder, please also fax a copy of both sides of the credit card)*: _____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* : ___ ___ ___

Cardholder's Signature: Date:

Pre9 Registration Desk

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