***Registration & Reservation Form***

**Please type or print in block letters the present Registration & Reservation Form and return it to the:**

**Congress Secretariat: GLOBAL EVENTS LTD, E-mail: athens@globalevents.gr and carbon copy (cc) to emails: petrosdamos@gmail.com;admin@iobc-greece2016.com**

[**http://www.iobc-greece2016.com**](http://www.iobc-greece2016.com) **&** [**http://www.globalevents.gr**](http://www.globalevents.gr)

Surname Name

Title: Prof. **❑** Dr.  **❑** Mr. **❑** Ms **❑**

Affiliation:

Address :

City: Zip. Code : Country:

Tel.: Fax:

E-mail :

Accompanying Person(s): Mr. **❑** Ms. **❑**

1. Surname ................................................................................................. Name ....................................................................

**A. REGISTRATION FEES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **Until****15/07/2016** | **From 16/07/2016****and on site registration** | **Number of persons** | **Total** |
| 1. IOBC Member Registration\*
 | 270 € | 330 € | x .......... | .............. |
| 1. Other Participant Registration
 | 390 € | 450 € | x .......... | .............. |
| 1. Students\*\*
 | 120 € | 150 € | x .......... | .............. |
| 1. Accompanying person
 | 120 € | 150 € | x .......... | .............. |
| 1. C-IPM Member – only KS workshop
 | 120 € |  |  |

|  |  |
| --- | --- |
|  |  |
| **TOTAL FOR REGISTRATION FEES (Α)** | **...................** |

**The Registration fees include:**

|  |
| --- |
| 1. Admission to all Scientific Sessions
2. Admission to Exhibition.
3. Congress Material (Program, Abstract Book, Congress bag, Plastic badge, etc.)
4. Certificate of attendance
5. Opening Ceremony & Welcome cocktail
6. Coffee breaks
7. Light Lunches
8. Guided City Tour
9. Social Dinner
 |

**Notes:**

\* Individual membership or employee of institutions with Institutional or Supporting membership

\*\* A student card or certificate is required

**B. HOTEL ACCOMMODATION**

Arrival Date…................. Number of flight…................... Departure Date……....................Number of flight………..................

**Rates are daily per room including buffet breakfast and taxes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hotel Category** | **Single Room** | **Double Room** | **Number of Nights** | **Number of rooms** | **Total**  |
| Porto Palace Hotel | 100 € | 100 € | x ......... |  | **………** |
| Luxembourg Hotel  | 69 € | 85 € | x ......... |  | **………** |
| Zaliki Boutique Hotel | 65 € | 65 € | x ......... |  | **………** |
| Rotonda Hotel | 60 € | 60 € |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **TOTAL FOR HOTEL ACCOMMODATION (B)** | **...................** |

**C. EXCURSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Tour** | **Date of Tour** | **Cost of Tour** | **Number of Persons** | **Total**  |
| One day excursion to Imathia, Vergina, etc | 08/09/2016 | 80 € | x ......... | **………** |

|  |  |
| --- | --- |
| **GRAND TOTAL FOR (A) + (B) + (C)**  | **Total .................** |

**CANCELLATION POLICY**

* **Registration fees are non refundable**
* **For Accommodation**
1. Written cancellation received by 30/04/2016: **No cancellation fees.**
2. Written cancellation or overnight reduction received between 01/05/2016 and 29/07/2016: **50% cancellation fees apply**
3. Written cancellation or overnight reduction received after 01/08/2016: **100% cancellation fees apply**

**PAYMENT CONDITIONS**

**Registration Fees**

Full payment is required to confirm

**Accommodation & Excursion**

A deposit of 50% of the total amount is required to confirm requested Accommodation & Excursion

Full payment is required no later than **29/07/2016**

**Payment should be effected:**

* **By bank remittance to:**

**ALPHA BANK**

Account Number: 480 002 002 002694

IBAN No. GR 2501404800480002002002694

SWIFT CODE: CRBAGRAAXXX

 To the order of: GLOBAL EVENTS, by mentioning the Congress and participant’s name

* **By Credit Card**
* All major credit cards are accepted. Please send a fax or letter or e-mail, with your credit card number, expiration date and authorization to charge the relevant amount.
1. For Credit Card’s payments, please send the following statement, duly signed:
2. Please note that it is very important to write the last 3 digits found on the rear side of your credit card

|  |
| --- |
| **I authorize GLOBAL EVENTS LTD to debit my Credit Card for the total amount of \_\_\_\_\_\_\_\_\_\_\_\_\_****No. Card ❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑❑ Expiration date:**\_\_/\_\_/\_\_\_**3 last digits: ❑❑❑ Valid from: \_\_\_/\_\_\_/\_\_\_** |
| **❑** Visa | **❑** Diners | **❑** American Express | **❑** Mastercard |
| Date: **\_\_\_** /**\_\_\_** /**\_\_\_** Signature: |

1. **No personal cheques are accepted.**