

Application Form

Personal Data (In Block Letters, in English)

Title:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	
First Name:				Last Name:
Position:				Organisation:
Address:				City:
Post Code:				Country:
Tel:				Email:
Mobile:				Fax:

Status:

	Before 31/08/2018		After 31/08/2018	
Academic Staff	50	<input type="checkbox"/>	60	<input type="checkbox"/>
Entrepreneur	80	<input type="checkbox"/>	110	<input type="checkbox"/>
Individual Participants	80	<input type="checkbox"/>	110	<input type="checkbox"/>
Student*	40	<input type="checkbox"/>	60	<input type="checkbox"/>

*A copy of the student card must be submitted with the registration.

Payment *methods*

Please send your deposit at one of the bank accounts given below, fill and send your registration form at: olympus2018@teicm.gr, or at the fax number: 00302351047860
Please send your deposit with the note "Olympus ICSC 2018", to one of the bank accounts:

Payment Method:

Transfer to Piraeus Bank:

Beneficiary: Panagiotidis P.

Account No: IBAN GR 57 0171 6160 0066 1610 6616 691

Transfer to Eurobank:

Beneficiary: (Panagiotidis P.)

Account No: IBAN: GR 46 0260 7330 0008 9010 1611 366

Invoice:

<input type="checkbox"/>	The Participant	Passport No	_____	
<input type="checkbox"/>	The Company	Company Name	_____	VAT No. _____
		Address	_____	

If not requested otherwise, you will receive your invoices upon arrival.

By signing this form, I _____ declare to accept all instructions & conditions for registration

Signature _____ Date: / /2018

Please return to:

**Department of Logistics
2, Kanellopoulou Str.
GR60100, Katerini, Greece
T: +30 23510 20940
F: +30 23510 47860**

E-mail: olympus2018@teicm.gr