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REGISTRATION AND REMITTANCE FORM

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Please fill this form in capital letters and forward it by postal mail or fax to:
Dr. Panagiotis Tsourlos, 5th ISEMG Treasurer, School of Geology,
Aristotle University of Thessaloniki, GR – 54124, Thessaloniki, GREECE.
Fax: +30 (231) 09.98.528

Title (Prof., Dr., Mr., Mrs., Miss)	Sex (M/F)	Reference number*
<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	Middle name(s)	
<input type="text"/>	<input type="text"/>	
Last name		
<input type="text"/>		
Department		
<input type="text"/>		
Institute / University / Company		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
City / Town	Postal code / ZIP	
<input type="text"/>	<input type="text"/>	
Country		
<input type="text"/>		
Telephone	Facsimile	
<input type="text"/>	<input type="text"/>	
e-mail		
<input type="text"/>		

* to be completed by the Organising Committee.

REGISTRATION FEES (please tick the appropriate box)

Category	Before October 31, 2003	November 1, 2003 – January 31, 2004	After February 1, 2004
Professional	<input type="checkbox"/> € 110	<input type="checkbox"/> € 130	<input type="checkbox"/> € 150
Student*	<input type="checkbox"/> € 90	<input type="checkbox"/> € 90	<input type="checkbox"/> € 90

* Current student ID is required to take advantage of the student rates. A photocopy of the ID should be included with this form.

METHOD OF PAYMENT IN EUROS (please tick the appropriate box)

Bank transfer to the order of Account No. 5202-002154-676, Piraeus Bank S.A., Aggelaki, Thessaloniki Branch (2202), 18 Aggelaki St., 54621, Thessaloniki, Greece. SWIFT code: PIRBGRAA, IBAN: GR2501722020005202002154676. In this case, a copy of the transaction should be sent by mail, fax, or e-mail to the *Symposium Treasurer*: Dr. Panagiotis Tsourlos (5thISEMG), School of Geology, Aristotle University of Thessaloniki, 54124, Thessaloniki, Greece. Fax: +30 (231) 09.98.528. e-mail: tsourlos@geo.auth.gr.

Bank cheque made payable to **Dr. Panagiotis Tsourlos** (*Treasurer*) and mailed to the above mentioned address (**personal cheques are not accepted**).

Credit Card Visa MasterCard

Name of card holder:

Card No: Expiry date:.....

I hereby authorise the Organising Committee to charge my above credit card with the registration fees noted on this form.

Date:

Signature:.....