



REGISTRATION FORM

Please complete the form in capital letters, sign it and send it, along with proof of payment and proof of student/postdoctoral status (if applicable), to ecmnp2017@gmail.com.

PERSONAL INFORMATION

Title: Prof Dr Mr Mrs Ms

Family name: _____ First name(s): _____

Institution/Company: _____

Address: _____

City: _____ Area code: _____ Country: _____

Tel: _____ Fax: _____ E-mail: _____

Accompanying Person(s):

Family name: _____ First name(s): _____

Family name: _____ First name(s): _____

Family name: _____ First name(s): _____

I have submitted / will submit an abstract for an oral presentation

I have submitted / will submit an abstract for a poster presentation and I am the presenting author

REGISTRATION FEES

Type of registration	Early registration <i>before June 30, 2017</i>	Late registration <i>after June 30, 2017</i>	Total <i>(fill in the appropriate amount)</i>
Full participant ¹	500 €	600 €	
MSc / PhD student or early postdoctoral fellow ^{1,2}	400 €	500 €	
Accompanying person ³	350 €	350 €	
Total <i>(fill in the total amount)</i>			

¹Registration fees include attendance to all sessions, certificate of attendance, book of abstracts, lunches, dinners, coffee breaks, welcome reception, conference dinner and excursion.

²Proof of MSc / PhD student or early (<2 years from PhD defense) postdoctoral fellow status is needed for reduced registration fees to apply. Please send proof of student or postdoctoral status, as applicable, to ecmnp2017@gmail.com.

³Registration fees include lunches, dinners, welcome reception, conference dinner and excursion.



PAYMENT

Registration fees should be paid through bank transfer (in €, any bank charges are to be paid by the participant) at the following account:

Account holder: Orthodox Academy of Crete
Bank: Piraeus Bank
Account no.: 1377 / 6377-101637-911
IBAN: GR04 0171 3770 0063 7710 1637 911
SWIFT / BIC: PIRBGRAA

Please state clearly at the comments section of the bank transfer “ECMNP2017” and “participant name” and send proof of payment (copy of bank transfer receipt) to ecmnp2017@gmail.com.

CONFIRMATION

A confirmation of your registration will be sent by e-mail, as soon as the completed registration form, copy of bank transfer receipt and payment are received.

Receipts will be issued during the conference or upon payment if it is requested.

Date: _____ **Signature:** _____