**REGISTRATION FORM**

Please send this form filled in to [grigoris@eng.auth.gr](mailto:grigoris@eng.auth.gr)

|  |  |
| --- | --- |
| NAME |  |
| AFFILIATION |  |
| e-mail |  |
| Phone (mobile): |  |

**My travel plan:**

|  |  |  |
| --- | --- | --- |
| Arriving on: | Time: | Flight: |
| Leaving on: | Time: | Flight: |
| Accomodation | Makedonia Palace Hotel | Other (please specify) |
|  |  |  |

**Social Program**

|  |  |  |
| --- | --- | --- |
| **I will attend:** | **YES** | **NO** |
| Dinner @15/9/2015 20:00 |  |  |
| Guided tour @16/9/2015 17:30 |  |  |
| Dinner @ 16/9/2015 20:00 |  |  |
| Dinner @ 17/9/2015 20:00 |  |  |
| Lunch @ 18/9/2015 15:00 |  |  |

**Dietary requirements**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Vegetarian |  |  |
| Allergy to seafood |  |  |
| Other allergies (please specify) |  |  |

**Any other comments**