

9th WASOG Meeting & 11th BAL International Conference

J u n e 1 9 - 2 2 , 2 0 0 8 , A t h e n s , G r e e c e

Registration & Reservation Form

Please type or print in block letters the present Registration & Reservation Form and return it to the:
Congress Secretariat : FREI S.A. Travel - Congress, 3, Paparigopoulou str., 105 61, Athens, Greece
Tel.. +30 210 3215600, Fax. +30 210 3219296, E-mail : wasogbal2008@frei.gr
<http://www.wasogbal2008.com>

Surname:.....Name:.....

Title: Prof. Dr. Mr. Ms

Address:.....

City:.....Zip. Code:.....Country:.....

Tel.:.....Fax:.....E-mail:.....

Accompanying Person(s): Mr. Ms.

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

2. Surname:.....Name:.....

All rates are in EURO

A. REGISTRATION FEES

Type	Until March 31 st , 2008	From April 1 st , 2008 and on site
ERS Members	500 Euro	600 Euro
Non ERS Members	650 Euro	800 Euro
Residents	350 Euro	400 Euro
Students	50 Euro	100 Euro

TOTAL FOR REGISTRATION FEES (A)

The Registration fees includes:

- * Congress Registration & material
- * Exhibition Area Entrance
- * Coffee breaks
- * Welcome Reception
- * Certificate of Attendance

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	Category	Single	Double	Number of Nights	Total in Euro
Divani Apollon Palace	DeLuxe	Superior	230 Euro	250 Euro		
		Executive	300 Euro	320 Euro		
Astir Palace Resort	DeLuxe	Standard	270 Euro	300 Euro		
Margi Hotel	4 stars	Standard	200 Euro	220 Euro		

TOTAL FOR HOTEL ACCOMMODATION (B)

GRAND TOTAL FOR (A) + (B)

Total in Euro

CANCELLATION POLICY

❖ For Registration

Refund of fees, less 20% administrative charges, can be applied for in writing up to March 30th 2008, to the Organizing Secretariat. After this date no refund will be possible. For any change of registered participant (name changes), a fee of 30 € will be charged. On-site changes of name badges due to incorrect submission of names and / or address data will be charged with 10 €.

❖ For Accommodation

- No cancellation fees will be applied for written cancellations received prior to 15th January 2008.
- Written cancellations received between 15 January 2008 and 15 March 2008 will be charged with cancellation fees equal to 20% of the total amount.
- Written cancellations received between 16 March 2008 and 30 April 2008 will be charged with cancellation fees equal to 50% of the total amount.
- Written cancellations received from 1 May 2008 and non shows full cancellation fees will be applied charged with cancellation fees equal to 100% of the total amount.
- All refunds will be processed one (1) month following the end of the Congress.

PAYMENT CONDITIONS

Payment conditions

A deposit of 250 Euro is required to confirm requested Accommodation.
Full payment is required no later than **March 15th, 2008.**

Payment should be effected:

❖ **By an International Banker's cheque** to the order of FREI S.A. Travel - Congress, by mentioning Congress and participant's name.

❖ By bank remittance to:

Bank Name Alpha Bank
Account Number 120-00-2320-000325
Account Name FREI S.A.
IBAN GR8201401200120002320000325
Swift Code CRBAGRAAXX

❖ 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.
- For Credit Card's payments, please send the following statement, duly signed:
- Please note that it is very important to write the last 3 digits found on the rear side of your credit card

I authorize FREI S.A. Travel - Congress to debit my Credit Card for the total amount of _____	
No. Card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration date: ___ / ___ / ___
3 last digits: <input type="text"/> <input type="text"/> <input type="text"/>	Valid from: ___ / ___ / ___
<input type="checkbox"/> Visa <input type="checkbox"/> Diners <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard	
Date: ___ / ___ / ___	Signature: _____

- **No personal cheques are accepted.**

Date _____

Signature _____