

# The Athens Summit 2009

The Road to Copenhagen: Managing Climate Change & Energy Security in Southeast Europe and Beyond

12<sup>th</sup> & 13<sup>th</sup> May 2009, Athens - Greece

## Registration Form "SEV Representatives"

(To be completed by the PCO)	Receipt Date:	Reg. Nr:
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Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only. Mandatory fields are indicated with an asterisk (\*). Please revert the form by fax, or e-mail to the Conference Organiser:

**C&C International Group of Companies**

1A Pierias St., 144 51 Athens, Greece

Tel: +30 210 68.89.130, Fax: +30 210 68.44.777

E-mail: register-summit@candc-group.com

### I. PERSONAL INFORMATION

Family name*:	First name*:	
Nationality*:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone:		
Mobile Phone:	Email Address*:	
Home Address:	Post Code:	
City:	Country:	

### II. COMPANY/BUSINESS INFORMATION

Company*:	
Title*:	
Address*:	Post Code*:
City*:	Country*:
Telephone*:	Email Address:

### III. REGISTRATIONS (VAT 19% is included)

Registration Period:	Late registrations From 04/04 Until 28/04/2009	On-site registrations From 12/05 Until 13/05/09
Delegate Rate:	<del>1350 €</del> 650 € (special corporate rate)	1450 €

**REGISTRATION ENTITLEMENTS for delegates:** Attendance to all sessions, participation in the Summit, social events, coffee breaks, light lunches, Summit material.

### IV. HOW DID YOU LEARN ABOUT THE SUMMIT

Please select one or more of the following options:

- |                                                                   |                                      |
|-------------------------------------------------------------------|--------------------------------------|
| 1) Newsletter <input type="checkbox"/>                            | 5) Internet <input type="checkbox"/> |
| 2) Financial Times Journal / Publication <input type="checkbox"/> | 6) Other* <input type="checkbox"/>   |
| 3) Other Journal / Publication <input type="checkbox"/>           | *Please specify _____                |
| 4) Colleague <input type="checkbox"/>                             |                                      |

### V. SPECIAL REQUIREMENTS

- Please indicate any special dietary preferences. ....
- Please advise us of any special requirements due to limited mobility .....

## VI. CANCELLATION POLICY

- For written cancellations received prior to 12<sup>th</sup> April 2009, an administrative fee of 80 € will be charged.
- There is no refund for cancellations received after 13<sup>th</sup> April 2009.
- All refunds will be processed one (1) month after the conclusion of the Summit.

## VII. PAYMENT DETAILS

You can pay for your registration fee by cash or credit card (belonging either to you or to a third party)\*.

**Personal checks are not accepted.** Please fill in the following fields and tick where appropriate:

**Payment by credit card:** Visa  MasterCard  Diners  AMEX  (n/a for on line registrations)

**Credit card number:**

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**Card expiry date:**

**Month**

**Year**

**Cardholder's name (as displayed on the card):**

**Cardholder's telephone number (please include country code):**

**Bank issuing Details:**

**Three digit numbers as displayed at the back side of your card:**

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I hereby authorize AC&C International SA to debit this card with the total amount of €..... and any subsequent changes for Mr / Mrs..... in view of his/her participation in the "Athens Summit 2009".

**Cardholder's Signature:** ..... (Please do not type your name: Original signature is required.)

**\*Please note that in case you provide us with credit card information that belongs to a third party, a copy from the cardholder's passport is required in order to proceed with the transaction.**

## VIII. BILLING DETAILS

Please tick one of the following billing options:

\* Receipt

Invoice

In case of **invoice** please fill in the following details:

Individual's name / Company name:

Profession / Field of activities:

Address:

Zip code:

City:

Country:

Tel. (please include country code):

Fax:

E-mail:

Tax Id. Nr. (REG #):

Local Tax Authority-DOY (Greek delegates only):

**\* A receipt will be issued in case you do not choose one of the options.**

*"The Organisers of the "Athens Summit 2009" reserve the right at any time to change the program or to cancel or postpone the Summit. In the event of cancellation or postponement, their liability is limited to refunding any registration fee already paid. The Organisers will notify registered participants at the address shown on their registration form of any decision to cancel or postpone. The Organisers strongly recommend attendees to take out their own insurance against any losses arising from cancellation or postponement of the Summit or the inability of a participant to attend for any reason whatsoever, and they accept no liability for any loss or damage suffered by any participant or accompanying person or other person whatsoever."*

*It should be noted that the data given in this form will not be disclosed to any third parties who are not directly involved in the organisation of the "Athens Summit 2009" nor will it be publicised in any other way.*

I hereby confirm that I have read and understood the registration terms as well as the cancellation and substitution policy, which I accept without any reservations.

Date.....

Signature.....

**(Please do not type your name. Original signature is required.)**