



THESSALONIKI 2012 May 31 / June 1, 2012 • HYATT Hotel, Thessaloniki, Greece

REGISTRATION & RESERVATION FORM

In order to register for the "LEADERSHIP AGAINST CRISIS: PUBLIC - PRIVATE COOPERATION FOR GROWTH", please fill in the following Registration and Hotel Reservation Form, and return to the organizers by May 23rd 2012. On-site registration with the Secretariat during the Conference will be possible, however an additional fee will apply. Registration and Reservation Forms are personal.

I. Personal	l Details (In cap	ital letters)			
Title:	☐ Mr.	Mrs.	☐ Dr.	☐ P	Prof.
First Name:			Last Name:		
Position:			Institution /	Compa	any:
Address:			City:		
Post Code:			Country:		
Telephone:			Fax:		
e-Mail:			Mobile:		
☐ I do not wish to appear on the participant list to be published. ☐ I do not wish to receive information material from ARTION Conferences & Events.					
II. Accompa	anying Person L	etails (in capit	tal letters) -	please	e fill out if applicable
Title:	☐ Mr.	☐ Mrs.	☐ Dr.	☐ P	Prof.
First Name:			Last Name:		
no case is this i	information sold, re	nted or released to	o third person.	s, and is	e purpose of your registration to this event. In s treated in accordance with Greek legislation d of data of personal character.
III. Participa	ation Fee (inclu	ding VAT 23%)			
Participatio	n		EGISTRATI lay 23, 2012		LATE REGISTRATION (from May 23, 2012 onwards)
Regular			150 € 		200€
Students			75 €		□ 100€
The Participa	tion Fee include	S:			
Registration to the Conference				offee Breaks	
	Anniversary Dinne	r			onference Lunch*
	me Coffee	na Address			dmission to Round Table Discussion ccess to Exhibition Area
	sion to the Openion sion to Assembly	_			onference Material
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* Participation to Social Activities (Lunch, Dinner) is open to Regular Participants ONLY

➤ Admission to Parallel Sessions**

** Due to space limitations in Session B Hall, a first come first serve policy in reservations will apply

Student participation is limited to the event's official works only (i.e. those registered as students will not be able to attend the event's lunch and dinner functions). **Student registration** requires a copy of an International Student Identity Card (ISIC) or a Certificate of Student Status signed by the Head of the Institute or Department and must be sent to the Congress Secretariat before the registration deadline by fax, regular mail, or as a scanned document via e-mail. Please note in the e-mail title "Student Certificate".

IV. Accommodation

Special room rates have been arranged for the participants of the Conference. Prices are per room per night at the Hotel, and include buffet breakfast, services and all taxes. Please tick the appropriate rates applicable to the room type you require and fill in the total accommodation cost box.

Check-In Date: /	/05/2012 - Check-Out Date:	/06/2012
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Hotel	Roon	п Туре	Number	Cost	
liotei	Single BB	Double BB	of Nights	COSC	
Hyatt Regency Hotel 5*	□ 110€	□ 123 €	X	€	
Hotel Nikopolis 5*	□ 110€	<u> </u>	X	€	

For other booking options (triple junior suite etc.) please contact the Secretariat

	Participant	Price for Participant	Accompanying Person	Price for Accompanying
15th Anniversary Dinner, May 31st 2012		Inclusive		40 €
Lunch, June 1st 2012		Inclusive		50 €
Dinner, June 1st 2012 (tbc)*		100 €		100 €

Arrival From: Flight Nr.: Date:

Time: Departure To: Flight Nr.: Time: Date:

VII. Registration & Reservations Form Total

available yet, please inform us at a later stage.

Please fill in based on your selections above:

IV. Participation	€
V. Accommodation	€
VI. Social Programme	€
TOTAL	€

VIII. Special Dietary Requirements (if applicable)

Please indicate any special dietary requirements:

Participant	☐ Vegetarian	Other, please specify:
Accompanying Person	☐ Vegetarian	Other, please specify:

IX. Special Services (if applicable)



Please let us know if you require any special assistance outlining your needs below. Also please use this space to specify requirements, e.g. allergies, preference for room with shower, twin beds, etc.

X. Please choose method of payment: Bank transfer to the following bank account: Beneficiary: **ARTION Conferences & Events** IBAN Nr.: GR 24 0172 2120 0052 1203 8347 344 Swift / BIC: **PIRBGRAA** PIRAEUS BANK, ETHNIKIS ANTISTASEOS BRANCH (2212), THESSALONIKI Bank: Beneficiary: **ARTTON** BE61 0016 5768 3217 IBAN Nr.: Swift/ BIC: **GEBABEBB** Bank: BNP PARIBAS FORTIS, BRANCH: SCHUMAN - Rond Point Schuman 10 1040 BRUSSELS Please make sure you state your name and relevant event when transferring your payment. Note that all banking costs are born by the participant. **Credit Card** I duly authorise ARTION Conferences & Events to settle my debit balance by May 23, 2012. Visa Card Nr.: Mastercard Expiration Date: / (MM / YY)**American Express** Cardholders Name: **Diners** XI. INVOICE DETAILS

If you require an invoice, please fill in the details below:

Company Name VAT Number

Company Address Tax Office / Authority

You will receive your invoices for all payments by ARTION Conferences & Events upon arrival, unless requested otherwise. Please make sure to provide the correct invoicing details as invoices cancellation and re-issuance cannot be ensured.

XII. PAYMENT CONDITIONS

Full payment for the registration & accommodation should reach the Meeting Secretariat by May 23, 2012

XIII. CANCELLATION POLICY

Registration and Accommodation

- 1. Written cancellation until May 23, 2012: an administrative Fee of 30% of the total cost will be charged.
- 2. Written cancellation after May 23, 2012: no refunds
- 3. All refunds will be examined after June 30, 2012.

By signing this form, I accept all instructions & conditions for reservations made.

Date:	Signature:	
BUSINESS ADVISORY COUNCIL	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	please contact us at contact@bacseevents.com