## FINAL REGISTRATION FORM

(Please send as an attachment by email to confer@maich.gr or fill in, print and fax to MAICh, Mrs Argyro Zervou or Mrs Katerina Karapataki, <u>fax: +30 821081154</u>)

or fill in, print and	fax to MAIC	h, Mrs Argyro Zerv	ou or Mrs Kateri	ina Karapataki,	, <u>fax: +30 821081154</u> )	
Salutation (Prof., Dr, e	tc)			_		
Family name	(10.)					
First Name (and middle	e initials)					
Affiliation (institution,						
Mailing address	country)					
Telephone - Fax						
E-mail						
E-maii						
I will attend: (please cir	rcle appropriat	tely) MEDPINE2	ГS2002 ВОТН			
WORKSHOP		FEE	FEES <sup>1</sup>		PARTICIPANT'S FEE	
	Normal					
MEDPINE 2	Students <sup>2</sup>	150 EUR				
TREE SEEDS 2002 BOTH	Normal	250 EUR				
	Students	125 EUR				
	Normal	350 EUR				
	Students	175 EUR				
Excursion <sup>3</sup>		+50 EUR or +55	EUR			
Late registration <sup>4</sup>		+50 EUR				
Total amount		130 ECK				
3. Excursion (Samaria Gorge 4. Deadline for receipt of regi 5. Cancellation refund policy  Accompanying persons  Name	end a letter of reco or Lazy tour): 50 stration fees: May: Until July 31, 2 ** ••upons should	ommendation (preferably b or 55 Euros. Please take i y 15, 2002. Additional sum 2002 a refund of 50% upon Surname be purchased for each	nto consideration any la for late registration fe a written cancellation	health problems – coee (or registration on request. No refund to	the spot): 50 Euros	
Social event	iculate the sui	11,	Price		Amount in Euros	
Lunch (each)			11.75 Euros		Amount in Euros	
Welcome Reception (Sun, Sep 8)			17.75 Euros			
Gala Dinner (Wed, Ser			20.5 Euros			
City Tour (Thu, Sep 12			17.5 Euros			
Samaria Gorge Excursi	/		50 Euros			
Samaria Lazy tour Exc			55 Euros			
Farewell Reception (Sun, Sep 15)			17.5 Euros			
Total amount			17.5 Euros			
Accommodation at MA Please check for availab (confer@maich.gr) tel.	ility beforehar	nd. Send your requests	s to Mrs Argyro Ze	ervou or Mrs Ka	Euros aterina Karapataki	
TOTAL AMOUNT du METHOD OF PAYMI  Credit card, only in E American Express Card member: Surname: Card member number: Card member signature:	ENT (Please to uros (add 3,5%	ick choice): % please) and ONLY: Visa	Mastercard Name Expir	y date:	():Euros	
☐ Check enclosed, in E						
					SEED " and NAME OF	
<b>PARTICIPANT</b> , to AL 660-00-2002-011318 for		BANK, branch of C	hania, swift code:	CRBAGRAAA	XXX, Account number:	

Mediterranean Agronomic Institute, Mrs. Argyro Zervou or Mrs. Katerina Karapataki, fax number +30 821081154)

Date: Signature:

(in case of bank transfer please fax the receipt of the bank to: