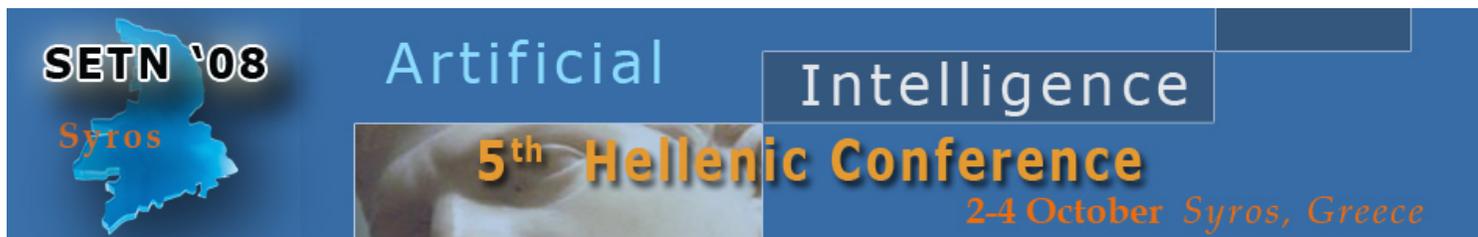


Conference Registration

Please complete, print and sign the form. Send it by fax to: +30 22810 97059 or by mail to: setn08@aegean.gr



UNIVERSITY OF THE AEGEAN
Department of Product & Systems Design Engineering

Conference Name: 5th Hellenic Conference on Artificial Intelligence

Conference Dates: October 2-4, 2008

Conference Dates: Syros, Greece

Ermoupolis, Syros,
GR-84100, Greece
Phone: +30 2281 0 97125
<http://setn08.syros.aegean.gr>
Fax: +30 22810 97059
e-mail: setn08@aegean.gr

Personal Information

** Mandatory Fields*

Title:	<input type="radio"/> Mr. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> Prof.	Fax:	<input type="text"/>
* Family Name:	<input type="text"/>	Address:	<input type="text"/>
* First Name:	<input type="text"/>	City:	<input type="text"/>
* E-mail:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
* Phone:	<input type="text"/>	* Country:	<input type="text"/>
* Affiliation:	<input type="text"/>		

Conference Registration

Registration	Registration Until July 25	Registration Until August 30	Registration on site
<input type="radio"/> General	<input type="radio"/> 260 €	<input type="radio"/> 300 €	<input type="radio"/> 360 €
<input type="radio"/> EETN Members	<input type="radio"/> 200 €	<input type="radio"/> 260 €	<input type="radio"/> 300 €
<input type="radio"/> Postgraduate Students	<input type="radio"/> 180 €	<input type="radio"/> 200 €	<input type="radio"/> 220 €
<input type="radio"/> Undergraduate Students ***	<input type="radio"/> 40 €	<input type="radio"/> 40 €	<input type="radio"/> 40 €

*** no proceedings, lunches, social events and gala dinner

Extra tickets for gala dinner: 35 € per extra person * Total: €

Payment Methods

Payment by bank transfer in Euro to the account with the following details:

Account Number: "163/48040235"

IBAN: "GR 9001101630 000016348040235"

Bank Name: "National bank of Greece"

Bank Address: "8, Panepistimiou Ave., Athens"

Please indicate "setn08-fullname" in the deposit field.

[Important: Please, send a copy of the bank transfer along with this fax or mail]

Payment by creditcard in Euro:

* Please charge my credit card: Visa MasterCard

* Cardholder Name: * Card Number:

* Expiration Date: * CVV2: (*)

(*) CVV2: the last three numbers of the number that you can find in the back side of your card.
This number is necessary for the bank in order to charge your card.

Signed by _____

Please complete, print and sign the form. Send it by fax to: +30 22810 97059 or by mail to: setn08@aegean.gr