REGISTRATION & HOTEL RESERVATION FORM

Please type or use block letters and return this form to the Meeting Secretariat:

ERA Ltd., 17, Asklipiou Str. 106 80, Athens - Greece, Tel.: +30 210 3634 944, Fax: +30 210 3631 690, E-mail: info@era.gr, Web Site: www.era.gr

Family name: ..... First name(s):.....
Title: Prof.☐ Dr.☐ Mr.☐ Ms.☐
Address:.....
City: .....Zip code: ..... Country: .....
Tel: ..... Fax: ..... E-mail*:.....

Accompanying Person(s): Mr. ☐ Ms. ☐ Child(ren) ☐ Age of children: _____
1. Family name: ..... First name(s): .....
2. Family name: ..... First name(s): .....

* Please fill in legibly to avoid time consuming correspondence. **All confirmation will be sent via e-mail.**

☐ I do / ☐ I do not allow giving my address details to third parties.

1. REGISTRATION FEES (VAT included)

	Up to 6th of August 2011	*From the 7th of August 2011 or on-site*
Member IEEE	450 €	550 €
Non=Member IEEE	500 €	600 €
Students*	300 €	350 €
Accompanying Persons	160 €	190 €

TOTAL FOR REGISTRATION FEES (I)

The registration fees for Participants cover: Access to the scientific sessions/workshops and exhibition, Opening Ceremony and Welcome Reception on September 25 2011, Congress Dinner / Greek Night on September 27 2011, excursion meeting material (congress bag, book of abstracts, certificate of attendance), coffee breaks and light snacks during the Congress.
The registration fees for Accompanying Persons cover: Opening Ceremony and Welcome Reception on September 25 2011, Congress Dinner / Greek Night on September 27 2011, excursion, congress bag, coffee breaks and light snacks during the Congress.

* Copy of official document required from their supervisor and presented at the moment of payment.

2. HOTEL ACCOMMODATION

(Daily Hotel Rates per room, including Buffet Breakfast and taxes)

CHECK IN DATE _____/09/2011 CHECK OUT DATE _____/09/2011

HOTEL NAME	Single room	Double room*	Nights	Total in EURO (€)
CRETA MARIS HOTEL	95 € ☐	115 €☐	_____	_____

** Please define if you need (ONLY for double room):*

- ONE DOUBLE BED - ☐
- TWO SINGLE BEDS - ☐ - I would like to share the room with other participant: (Name).....

TOTAL FOR ACCOMMODATION (II)

• Room reservations will be made on a first-come first-served basis. ERA Ltd will be able to guarantee room reservations by July 22nd, 2011. After this date, requests will be accepted but subject to hotels' availability.
• Hotels Reservations should be sent to ERA Ltd and not to the Hotels.

GRAND TOTAL FOR (I) + (II):.....

PAYMENT CONDITIONS FOR HOTEL RESERVATION AND REGISTRATION FEES

- One (1) night deposit, payable to ERA Ltd, is required in order to confirm your Hotel Reservation.
- **FULL Payment of the registration fee** must be done on the day of registering.
- **FULL Payment for Hotel Accommodation** should reach the Congress Secretariat not later than **August 22nd 2011**

CANCELLATION POLICY FOR REGISTRATION

- Written cancellation received by the **20th of June 2011**: a refund of the total fee, less 25% as administration charge, will be made.
- After the **20th of June 2011**, refunds will not be possible.

CANCELLATION POLICY FOR HOTEL ACCOMMODATION

Due to the fact that September is considered as high season for Crete, the following cancellation policy will apply:

- Written cancellation received by **July 22nd 2011, one (1) night cancellation fee** will be charged
- Written cancellation received by **August 22nd 2011, two (2) night cancellation fee** will be charged
- Written cancellation received after **August 22nd 2011 full cancellation fee** will be charged

PAYMENT CAN BE EFFECTED EITHER

a) **By bank remittance** stating the **"ISAP 2011", ** as well as, the name of the participant**:**
To Bank of Cyprus - Athens Branch - 9, Mitopoleos str., GR-106 71 -Athens, Greece, to the order of **ERA Ltd**
Account No: 1 1 7 9 0 4 0 - **Swift Code**: BCYPGRAA - **IBAN**: G R 6 9 0 7 3 0 0 0 1 0 0 0 0 0 0 0 0 0 1 1 7 9 0 4 0
Please enclose a copy of transfer receipt with the form. **Charges to be paid by sender.**

b) **By major credit cards**

For deposit: I authorize **ERA Ltd** to debit my Credit Card, for the Sum of: **EUR**_____

For full payment: I authorize **ERA Ltd** to debit my Credit Card by **March 16th, 2011** and settle my debit account to the Congress.

I authorize **ERA Ltd** to debit my Credit Card:

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS

Card Number: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Issue Number/ CVC code: ..... (*3 last digits on reverse side of the card)*

Expiration Date: ...../...../..... Cardholder's name: .....
(Please type or use block letters)

I agree with the above conditions

Cardholder's Signature **Date:**...../...../.....