

# 9<sup>th</sup> Aegean Summer School in Visual Optics, July 5 - 8, 2010

## REGISTRATION BOOKING FORM

Participants are strongly encouraged to register online at: [www.ivo.gr/summerschool](http://www.ivo.gr/summerschool)

If online registration is not possible please contact the Conference Secretariat at [Aegean@med.uoc.gr](mailto:Aegean@med.uoc.gr),

tel: +30 2810 394654, Fax: +30 2810 394653

**Note:** please complete one form per participant

### PARTICIPANT INFORMATION

Title (Prof / Dr / Mr / M s /Mrs)

First Name	Family Name	Badge Name	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Organization			
Address			
City	Country		
Telephone	Country Code	Area Code	Number
Email			
Fax	Country Code	Area Code	Number

### REGISTRATION FEES

Full Registration	€ 180 <input type="checkbox"/>
Pre / Post-Graduate / PhD Student Registration	€ 80 <input type="checkbox"/>
UOC Student	€ 40 <input type="checkbox"/>

### ONSITE REGISTRATION FEE IS:

Full Registration	€ 200 <input type="checkbox"/>
Pre / Post-Graduate / PhD Student Registration	€ 100 <input type="checkbox"/>
UOC Student	€ 60 <input type="checkbox"/>

Total Cost:

Credit Card No:

Cardholder's name:

Expiration Date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CANCELLATION TERMS

1. For the validation of your reservation the whole amount is payable by the time of registration.
2. As of June 5th, 2010 no refund will be made.
3. The Conference Secretariat must receive notification of all cancellations in writing.
4. The Organizers reserve the right to alter any of the arrangements for this conference, including cancellation of the event should unforeseen circumstances require such action. The Organizers accept no responsibility for resulting costs and inconvenience to participants who are advised to have their own travel insurance in place. I agree for the details I have given above to be included in the list of Conference participants for official use by the Conference Organizers. I have read and agree to the terms and conditions.

Note: We will issue a receipt of your registration  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_



9<sup>th</sup>  
SUMMER  
SCHOOL  
IN VISUAL  
OPTICS

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Ioannis G. Pallikaris

**Organizing Committee**

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University of Crete, Greece

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July 5-8  
2010

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