CONFERENCE REGISTRATION FORM
The Met Hotel, Thessaloniki, Greece, 25-30 September 2017

Title  Mr  Mrs  Dr  Prof  Surname  First Name

Address  City

Country  Postcode  Telephone

Telefax  Mobile Ph  Email

Name of Accompanying Person(s), if any:
1) Title  Mr  Mrs  Dr  Prof  Surname  First Name
2) Title  Mr  Mrs  Dr  Prof  Surname  First Name
3) Title  Mr  Mrs  Dr  Prof  Surname  First Name
4) Title  Mr  Mrs  Dr  Prof  Surname  First Name
5) Title  Mr  Mrs  Dr  Prof  Surname  First Name

<table>
<thead>
<tr>
<th></th>
<th>Early Registration (Until 28 April 2017)</th>
<th>Normal Registration (Until 16 June 2017)</th>
<th>Late Registration (Until 1 August 2017)</th>
<th>On Conference Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>€320</td>
<td>€340</td>
<td>€360</td>
<td></td>
</tr>
<tr>
<td>Participants from Developing Countries</td>
<td>€360</td>
<td>€390</td>
<td>€400</td>
<td></td>
</tr>
<tr>
<td>Participants from all over the World except Developing Countries</td>
<td>€430</td>
<td>€475</td>
<td>€500</td>
<td>€560</td>
</tr>
</tbody>
</table>

**TOTAL**

CANCELLATION POLICY FOR THE REGISTRATION

- Author registrations cannot be returned after July 25, 2017.
- All other refund requests must be in writing and received before July 22, 2017.
- A 60 Euro cancellation fee will be deducted from the registration fees.
- Substitution of one conference attendee for another will be accepted at any time, on the basis of information of the change via e-mail (chairman@icnaam.org and secretary@icnaam.org) (the submission to both addresses is requested).
Payments details

The payments will be done via REGALSCOPE LIMITED as is described below. In the case of Bank Transfer and in order the registration to be valid, the Bank Slip of the Bank Transfer is necessary. Your registration is not valid if the Bank of the Bank Transfer is not included (in the case of Bank Transfer).

PAYMENT

Please complete this section to guarantee your registration. We mention that without this guarantee your registration isn’t recognized

1. By Bank Transaction

Bank: Société Générale Bank Cyprus
Bank Address: 117, Ayias Fylaxeos Ave., 3087 Limassol, Cyprus
Account Number: 033 001 360 050642 01 4
IBAN Code: CY50 0120 0003 3001 3600 5064 2014
BIC: SOGECY2N
Under the Name of (Beneficiary’s Name): REGALSCOPE LIMITED

After payment of registration fees by Bank Transaction you have to send the receipt of the Bank slip for Bank Transfer with this form to the fax: 0035 726 910 803 (new fax nr.). THIS IS NECESSARY IN ORDER YOUR REGISTRATION TO BE VALID.

For the payments with Bank Transfer via your organization, the VAT number is requested (for participants from Europian Union): VAT NUMBER

Address:

REGALSCOPE LIMITED
1 Pallados Street,
PC 8046, Paphos,
CYPRUS
TIC: 12308996N
VAT: 10308996K

2. By Credit Card

Name of the Card Holder: ___________________________ Billing Address: ___________________________
Country: ___________________________ City: ___________________________ Post Code: ___________________________
Credit Card: ___________________________ Credit Card Number: ___________________________
Expire Date: ___________________________ CVC Num.: ___________________________

Taxes plus charges 6% for Mastercard, Visa, Maestro. Attention: American Express credit cards are not accepted

Important Notice:
ATTENTION: THIS FORM MUST BE COMPLETED ELECTRONICALLY AND MUST BE SENT TO THE SECRETARY OF ICNAAM TO THE FAX NUMBER 0035 726 910 803 (new fax nr.) or via e-mail to the e-mail addresses: (chairman@icnaam.org with a carbon copy to secretary@icnaam.org)

Date: ___________________________ Signature: ___________________________
Remarks on Registration

For accompanying persons, please add 65 Euros for each additional seat in the Central Dinner and 45 Euros for each additional seat in the Excursion.

(*) For the students a confirmation signed by their supervisor is needed. This confirmation must be sent to the fax number: 0035 726 910 803 (new fax nr.) together with the information that the fees has been paid.

An informal email to (chairman@icnaam.org with a carbon copy to secretary@icnaam.org) must be sent.

Important Notice: Failure to fax the above requested letter will render the registration incomplete.

(**) With the term developing country we mean any country except USA, Canada, EU and other Western European nations, Japan, Australia and New Zealand.

(***) The extended abstracts of the cases (i), (ii), (iii) will be included in the Proceedings of ICNAAM 2017 (published in AIP (American Institute of Physics) Conference Proceedings).

We note that our policy for the presentation of more than one papers is the following:

For one paper (1): 1 registration fee
For two papers (2): 1.5 registration fees
For three papers (3): 2 registration fees
For four papers (4): 3 registration fees
The Conference doesn’t permit the publication of more than 4 papers with the same author(s).

Conference dinner

A conference dinner is planned during the conference and accompanying persons are most welcome to come along with you. With your registration (and if your accommodation has been done in The Met Hotel (ONLY via the Organizing Committee – Secretary of the Conference), you are already entitled to the conference dinner and do not need to pay any fees. If you will be coming with extra accompanying persons, please reserve a number of additional seats here (65 Euros per seat). If you haven’t booked your room in The Met Hotel via the Organizing Committee – Secretary of the Conference then you have to pay extra fees (65 Euros per seat) for your participation in the Central Dinner.

Excursion

An excursion is planned during the conference and accompanying persons are most welcome to come along with you. With your registration, you are already entitled to the conference excursion and do not need to pay any fees. If you will be coming with extra
accompanying persons, please reserve a number of additional seats here (45 Euros per seat).

You can send the registration form via e-mail (chairman@icnaam.org with a carbon copy to secretary@icnaam.org). If you do not wish to send the registration form on the net, you can use the text version of this form. You must send the text version via regular mail and fax.

**Regular Mail**

The postal mail address for notifying us how to clear your payment is:

Secretary of ICNAAM 2017  
(Attn: Mrs. Eleni Ralli)  
10 Konitsis Street,  
Amfithea - Paleon Faliron,  
GR-175 64 Athens,  
Greece

Please use also the above address in order to send the text version of this form.

**Fax**

In order to send the text version of this form is:

Fax of the Secretary of ICNAAM 2017:

0035 726 910 803 (new fax nr.)

Please indicate on your fax that it is for the attention of the ICNAAM 2017 organizers.

An informal email to (chairman@icnaam.org with a carbon copy to secretary@icnaam.org) must be sent.

If you request a receipt now (otherwise receipt will be issued at the conference) please note it here:

(1) If you want to send the text version of this form, you must use BOTH regular mail and fax

(2) Registration will not be effective until:

(a) receipt of the Bank slip for Bank Transfer (Method 1).

After payment of registration fees an informal e-mail to the Secretary of ICNAAM (chairman@icnaam.org with a carbon copy to secretary@icnaam.org) should be send and a copy of Bank slip should be send to
(i) the postal address of the Secretary of ICNAAM (Secretary of ICNAAM 2017 (Attn: Mrs. Eleni Ralli), 10 Konitsis Street, Amfithea, Paleon Faliron, GR-175 64 Athens, Greece)

and

(ii) the fax of the Secretary of ICNAAM 2017: 0035 726 910 803 (new fax nr.)

An informal email to (chairman@icnaam.org with a carbon copy to secretary@icnaam.org) must be sent.

(b) receipt of a message from us that your card has been charged effectively (Method 2).

(3) All payments must be "free of any charges for the payee", i.e. all bank charges have to be borne by the sender.

Receipt for your payment

I request a receipt now (otherwise receipt will be issued at the conference)

I have read all the above remarks and cancellation policies for the registration

Date ___________________________ Signature ____________________________________