



1st L.A.I.S. SYMPOSIUM LUMINESCENCE IN ARCHAEOLOGY INTERNATIONAL SYMPOSIA

REGISTRATION FORM

TO BE COMPLETED & SENT TO THE FOLLOWING BY FAX OR EMAIL TO:

ZITA CONGRESS S.A., 1st km Markopoulou – Peanias aven., P.O.Box 155, 19002 Peania, Attiki, GREECE

Tel.: +30 211 100 1783 / Fax: + 30 210 6642116 Email: natalia.tsakmakidou@zita-congress.gr

One copy of the registration form should be completed for each participant. Please note that provided data will appear on your name badge. Please fully complete this form **clearly & in CAPITAL LETTERS as written on PASSPORT(S)**. All fields with (*) are mandatory.

DELEGATES DETAILS

Mr. Mrs. Ms. Prof. Dr.

Family name: _____ First name (s): _____

Institution / Company/ University: _____

Position: _____

Preferred postal address

Street / P.O. Box: _____ Zip Code: _____

City: _____ Country: _____

Telephone (country code)/(number): (____)/_____

Fax (country code)/(number): (____)/_____

Email: _____

ACCOMPANYING PERSON (s) details

Title(Mr, Mrs, other) _____ Family name : _____ First name: _____ Age¹: _____

Title(Mr, Mrs, other) _____ Family name : _____ First name: _____ Age : _____

REGISTRATION FEES (please tick accordingly)

Specialty	Early (before June 30, 2009)	Late (after July 01, 2009)
All Specialists	<input type="checkbox"/> € 220,00	<input type="checkbox"/> € 250,00
Accompanying Persons	<input type="checkbox"/> € 100,00	<input type="checkbox"/> € 130,00
Students	<input type="checkbox"/> € 100,00	<input type="checkbox"/> € 130,00

Registration fees for participants include the following:

- Entry to all official congress sessions
- Access to Exhibition & Poster Area
- Congress Bag (including all congress material, final program and abstracts CD)
- Welcome Cocktail Reception
- Coffee Breaks
- Light lunches (10 & 11 September 2009)
- Gala Dinner (11 September 2009)
- Guided Tour to Delphi Museum and Sanctuary (12 September 2009)

Registration fees for accompanying persons include the following:

- Access to Exhibition & Poster Area
- Welcome Cocktail Reception
- Gala Dinner (11 September 2009)
- Guided Tour to Delphi Museum and Sanctuary (12 September 2009)

¹ Only for accompanying persons below 18 years old.

Registration fees for Students include the following:

- Entry to all official congress sessions
- Access to Exhibition & Poster Area
- Welcome Cocktail Reception
- Coffee Breaks
- Light lunches (10 & 11 September 2009)
- Guided Tour to Delphi Museum and Sanctuary (12 September 2009)

Registration fees do not include insurance of participants against cancellation, accidents, theft or property loss. Participants should arrange for their own insurance.

SOCIAL PROGRAM (The dinner is extra ONLY for students. Please tick accordingly if you are a **student)**
Gala Dinner

Friday, September 11, 2009

 € 55 per person

If you have any special meal considerations, please describe:

HOTEL BOOKING & TRANSFERS

We have reserved a specific number of rooms at each of the following hotels with special rates, in order to cover the needs of the congress. We would like to know the hotel of your choice but we are going to confirm reservations to delegates on a First Come First Served basis.

Please tick accordingly

	Single Room	Per Person in Double Room
HOTEL ACROPOLE 3★	<input type="checkbox"/> € 270,00	<input type="checkbox"/> € 145,00
KING INIOXOS HOTEL 4★	<input type="checkbox"/> € 315,00	<input type="checkbox"/> € 215,00
DELPHI PALACE HOTEL 4★	<input type="checkbox"/> € 330,00	<input type="checkbox"/> € 225,00
AMALIA HOTEL 4★	<input type="checkbox"/> € 365,00	<input type="checkbox"/> € 240,00

REGISTRATION PROCEDURE

1. All the above mentioned prices include the Greek VAT and are quoted in Euro (€). Should the statutory VAT change, the rates will be adjusted accordingly.
2. As soon as you send this form, your registration will be processed within 5 working days. Immediately after, a **Confirmation of Requested Services** will be sent to you by email, informing you of the requested services' details. Then, you will be kindly requested to arrange your financial obligations.
3. You will receive a **Confirmation of Registration & Booked Services** only after you arrange your financial obligations.
4. We recommend that you authorize us to charge your credit card as a way of payment. But if you prefer to settle your account by bank deposit, you will be informed in the confirmation mail of the option date to send your payment. Proof of payment will be valid only by faxing us (on 0030 210 6642116) the bank receipt that states your Family and First name. In case we do not receive the bank receipt, the registration will be automatically cancelled and you will be informed of the cancellation via mail.

METHOD OF PAYMENT

At the time of confirmation we will charge as following:

Full amount of participants and accompanying person's registration fees and social program and 50% of your Accommodation.

CANCELLATION POLICY & SUBSTITUTION POLICY

All changes and cancellations can only be made in writing.

In case of cancellation, the following policy applies:

1. Registration fees are not refundable.

For hotel accommodation, gala dinner and other services:

1. Cancellations that will occur till 01/04/2009 will be refunded by 90% of the deposit.
2. Cancellations that will occur till 20/08/2009 will be refunded by 50% of the deposit.
3. For cancellations that will occur after the 20th/08/2009, 100% cancellation fees will be applied for the total reservation value.

A handling fee of € 15,00 will be charged for any name change to an already received conference registration. A newly completed registration form for the substitute participant has to be sent to the Zita Congress & Travel Conference Secretariat. Name changes will be accepted by mail or fax until 20th of September 2009. After this date, all name changes must be carried out on site.

TOTAL PAYMENT

1. I hereby authorize Zita Congress & Travel SA to charge my credit card with the total amount of EURO: € _____ (see **METHOD OF PAYMENT**) which corresponds with registration fees, accommodation and/or social program cost and/or any subsequent charges that may occur (full payment, cancellation fees, substitution fees etc) regarding my participation in the 1st LAIS SYMPOSIUM.

American Express Mastercard VISA

Card Holder Name: _____

Card No

Expiry Date: ____/____

CVC (card validation code): (See the reverse side of the card in the signature field, and print the last 3 digits. For American Express cards the 4 last digits of the card number in the front side of the card)

Card holder signature

2. I have deposited the sum of _____ € at the Congress Secretariat Bank Account and I will also deposit the balance by 16th of June 2009.

BANK OF CYPRUS

Account holder: ZITA Congress & Travel

Account number: 22042115

IBAN: GR 0707 3061 00000 0000 22042115

Swift Code: BCYPGRAA

Important notices

1. A copy of the bank receipt for deposit must be sent by fax or mailed together with the completed registration form.
2. A copy of the bank receipt for full settlement must be sent by fax or mailed.
3. All receipts must state the ESPRAS 2009 + Family name + First name.
4. When names of participants are NOT stated on the bank transfer, your payment cannot be linked. Consequently, your payment will be unknown to the Administration Office. Consequently the reservation will not be honoured.
5. Company and personal cheques are not accepted.
6. Please do not forward any values by mail. The Organizing Committee will accept no liability for any loss.

BILLING DETAILS

Please tick one of the following billing options Receipt² Invoice

Tick if you would like us to use the delegate's details stated in the first page.

Otherwise please provide us with your billing details.

Company name/Individual's name: _____

Field of activities: _____

Street / P.O. Box: _____ Zip Code: _____

City: _____ Country: _____

Telephone (country code)/(number): (____)/_____

Fax (country code)/(number): (____)/_____

Email: _____

Tax ID Nr: _____ Local Tax Authority-ΔΟΥ (Greek Delegates only): _____

I hereby confirm that I have read and I accept the registration terms and the cancellations and substitution policy.

Place / Date

Signature / Name

UEMS / CME points will be graded

Please indicate if you wish a letter of invitation for visa purposes

² A receipt will be issued in case you do not choose any of the options. Receipts or invoices will be mailed to you after the completion of the congress.