# Registration Form

Please return this registration form to: fsk2024@uoi.gr

###### **Personal Info**

Name:

Title (Prof., Dr., Student):

Affiliation:

Address Line:

City:       Country:       Postal Code:

e-mail:

###### **Presentation Type (if abstracts were electronically submitted)**

Type: [ ]  Oral [ ]  Poster

##### Title:

Authors:

**Registration fees**

|  |  |  |
| --- | --- | --- |
|  | **Early registration****(before 07/08/2024)** | **Late registration****(after 08/08/2024)** |
| **Standard registration** **(presentation of up to 2 papers)** | [ ]  170 euro | [ ]  200 euro |
| **Students\*****(presentation of up to 2 papers)** | [ ]  100 euro | [ ]  130 euro |
| **Accompanying person** | [ ]  40 euro | [ ]  40 euro |

The registration fee includes the conference material, the participation in the Welcome Cocktail, coffee breaks, lunch breaks, and the Gala dinner.

*\*Students should include a copy of their student identification card or a signed letter from the head of their department certifying their student status. Post-doctoral researchers pay regular fees.*

**Method of payment**

 **Payment by credit card following this** [**link**](https://epos.rc.uoi.gr/product/xxxviii-panhellenic-conference-on-solid-state-physics-materials-science/?lang=en) [ ]

 **Payment by bank transfer\*** [ ]

*\*Payment by bank transfer should be made to the bank account given in the* ***Banking Information Sheet*** *that can be downloaded from the conference website (follow this* [*link*](http://fsk2024.materials.uoi.gr/BANK_DETAILS_83554.doc)*). For a valid payment you should indicate the following in the comments section of your bank deposit:*

*(A) The* ***participant’s full name****, and (B) The conference project code number* ***83554*** *(ΚΩΔ ΕΡΓΟΥ).*

*Any bank transfer expenses should be covered by the participant.*

* *Send us a copy of the bank transfer receipt to* [*fsk2024@uoi.gr*](fsk2024%40uoi.gr) *along with the present registration form.*
* *Indicate if you require a receipt or invoice by filling out the attached form below.*

**Confirmation & Receipts**

*A letter of confirmation will be sent by e-mail to each participant as soon as the registration form and payment are received by the conference secretariat.*

*A receipt in the details of the registered person will be issued.*

*Invoices can also be issued upon request.*

*Please complete the form in the next page with receipt or invoice details.*

Date:      /       /2023 Signature:

# Receipt/Invoice request form

|  |  |
| --- | --- |
| *Language of receipt / invoice* | **Greek** |
| **Participant’s details** |
| *Full name of registered person* |       |
| *Email for receipt/invoice delivery* |       |
| *Amount paid (in euro)* |  |
| *I require a receipt* | [ ]  |
| *I request an invoice* | [ ]  |
| **Invoice details\****\*if different than participant’s name please specify details for Organization/University/Company* |
| *Name (Organization/University/Company)* |       |
| *Type or Profession* |       |
| *Address* |       |
| *City* |       |
| *Postal Code* |       |
| *Country* |       |
| *VAT Number* |       |
| *Contact phone* |       |
| *Any other requirements or comments that you wish to include* |       |