



8th Panhellenic Conference on Informatics

8-10 November 2001, Hilton Hotel, Nicosia, Cyprus

REGISTRATION FORM

Please return this form directly to the Cyprus Computer Society by mail or fax

Cyprus Computer Society, P.O. Box 27038, CY-1641, Nicosia, Cyprus
Phone: +357-2-754474, Fax: +357-2-767349, E-mail: ccs@spidernet.com.cy

Please, type or print in block letters.

Name: _____
 Title First Name Middle Initial Family Name

Company / Institute: _____

Mailing Address: _____

City: _____ State/Province: _____ ZIP: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Please, make a cross in the to mark the appropriate.

PAPER SUBMISSION INFORMATION Paper submitted earlier No Paper

Title of the paper: _____

CONFERENCE & WORKSHOPS REGISTRATION

	Before September 20, 2001	After September 20, 2001
<input type="checkbox"/> Full Registration (3 days)	60 CYP * # of persons =	80 CYP * # of persons =
<input type="checkbox"/> Student Full Registration (3 days) *	40 CYP * # of persons =	60 CYP * # of persons =
<input type="checkbox"/> One-Day Registration (applies to and concerns only professionals, who would like to attend some of the workshops of local interest)	25 CYP* # of persons =	30 CYP* # of persons =
<input type="checkbox"/> Sunday's (11/11) social programme	20 CYP * # of persons =	20 CYP * # of persons =
Total Amount		

* Students must provide an official letter confirming their student status

PAYMENT DETAILS

If paying by BANK TRANSFER, make the deposit payable to:

Account Holder: Cyprus Computer Society
 Account Number: 103-01-095270-01
 Bank: Hellenic Bank
 Branch: 103
 City: Nicosia
 Country: Cyprus
 Swift Code: HEBACY2N

Fax the transfer reference numbers and a copy of the bank transfer order to +357-2-767349

If paying by a CREDIT CARD, please fill the following part of the Registration Form and sign it.

AMEX EC Master Card Visa

Name of Card Holder: _____ Amount: _____ CYP

Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____