Studying Galaxy Evolution with Spitzer and Herschel

May 28 – June 2, 2006

Conference Registration and Hotel Reservation Form

This form should be submitted (by 15 March, 2006) either by email or by Fax to: MITOS S.A., Science and Technology Park of Crete, P.O. Box 1447, Voutes, Heraklion, 71110, Crete, Greece,

Fax: +30 2810 391915, URL: www.mitos.com.gr, e-mail: efi@mitos.com.gr

		371713, ORD. <u>ww</u>		<u> </u>	
		PARTIC	IPANT		
- T					
Title:	Ms.	Mr.	Dr.		Prof.
First Name:					
Last Name:					
Company/Ins	stitution:				
Address:			Postal Code:		
City: Country:			Tel.:		
Fax.:			e-mail:		
Γ αλ			e-man.		
		REGIST	TRATION FE	E	
Fee			200 € □		
	s: welcome reception	on, coffee breaks, me		nference mater	ial and conference book
Additional G	Guest Dinner:		45 € □		
	ue (for residents	or not) per day:	10 € □		
		HOTEL		ONT	
			RESERVATION		
MIRABE	LLO HOTEL	SINGLE: 100€	□ TWIN: 13	BO€ □ SH	ARE DOUBLE: 65€
MIRABELI	LO VILLAGE (U	Jpgrade rooms)			
From doub	le/twin room to l	Bungalow (with sea	view) Extra 20 € per person, per night (min 2 persons)		
From doub	le/twin room to l	Bungalow Sharing	pool	Extra 25 € per person, per night (min 2 persons)	
From doub	le/twin room to 1	Maisonette (with se	ea view)	Extra 30 € per person, per night (min 2 persons)	
	to share my roon	ı with another part	icinant or:		
Arrival /	-	_	re / /06	Numl	ber of nights
		1			guaranteed if the reserv
					ill be on request basis o
	-	number of rooms a		-	•
ORMOS HO	OTEL (***)	SINGLE: 38€ □	TWIN: 50€ □	SHAR	E DOUBLE: 25€ □
		SINGLE: 34 € □	TWIN: 46€ □	SHAR	E DOUBLE: 23 € □
I would like	to share my roon	ı with another part	icipant or:		
Arrival/	/06	Departu	re//06	Numl	ber of nights
		nclude breakfast. Room servations after this dat			ervation is received <u>before</u>

PAYMENT BY BANK TRANSFER

Bank: Piraeus Bank	Branch: Science & Tech	nology Park of Crete	,				
Account No. 5751 013	322 326						
BIC: PIRBGRAA							
IBAN: GR 880172 7510 0057 5101 5322 326							
Payment made by Bank Transfer on//_(Please fax a copy of bank receipt to: + 30 2810 391915)							
DAVIMENTE DV. CDEDITE CADD							
PAYMENT BY CREDIT CARD							
Credit card:	Master Card □	Visa \square					
Name on card:							
Card number:							
Expiration date:							
Last 3 digits on revers	e side of credit card:						
Passport number:							

For confirmation of hotel reservation a deposit for the equivalent of one night hotel room rate should be sent with this form. This amount will only be charged in the case of a non-show.

Total amount to be charged to card _____ Signature____