

EASTERN MEDITERRANEAN REGION



6th EMR-IBS conference

Crete, 8-12 May 2011



REGISTRATION FORM

Please return to Frontier Science Foundation -Hellas
Fax +30 210 7710903; Phone:+30 2107710902; E-mail: info@frontier-science.gr
(Please print or type)

Name in Full (and degrees) _____

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For members only YOUR MEMBER ID _____

The Fees are (in Euros)

	Till 28/02/2011	After 28/02/2011
IBS/EMR Member	200	250
Non-Member	250	300
Student IBS/EMR Member	120	150

For members you need to specify your ID member number

Conference registration includes: Entry into all scientific sessions, Program and abstract book, Coffee breaks on all conference days, Lunches in all days, Reception

All payments must be made by bank transfer to:

Account name: FRONTIER SCIENCE FOUNDATION HELLAS

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Registration _____

Conference Dinner (optional, 60 Euros) _____

TOTAL _____