



REGISTRATION FORM

General information:

Title	Prof. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	
Last Name	_____				
First Name	_____				
Institution / Affiliation	_____				
Address	_____				
Post code	_____	City	_____	Country	_____
Telephone	_____				
	<i>(Country code / area code / tel. number)</i>				
E-mail	_____				
Please select one	Student <input type="checkbox"/>	Professional <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	

Presentation information:

Type of preferred presentation	Oral: <input type="checkbox"/>	Poster: <input type="checkbox"/>
Technical equipment required	Power Point: <input type="checkbox"/>	Other: _____

Payment

I will pay the registration fee:	
<input type="checkbox"/>	By bank transfer* at PIRAEUS BANK, IBAN: GR 36 0171 8560 0068 5614 5565 719, SWIFT-BIC: PIRBGRAA.
<input type="checkbox"/>	During the registration in Athens

Important dates

01/07/2019 Abstract submission deadline

Until 31/08/2019 Early registration

*Please transmit a copy (scanned) of your bank payment document to the electronic address archaeometry.org.gr@gmail.com.