



Registration Form

To be returned by email: summerschool@upatras.gr
 or by fax: +30-2610-969166
 or by mail: 6th International Summer School on Emerging Technologies
 Medical Physics Dept, School of Medicine, University of Patras, GR-26500 Patras, Greece

Title: Prof. Dr. Mr/Ms

Family Name: **First Name:**

University: **Country:**

Contact Address:

Phone number: **E-mail:**

I hereby apply as: **early** (before April 30st) **late** (after May 1st)

Regular 270 € 300 €

Student* 220 € 250 €

*Students must provide a certificate or letter signed by the department head or a copy of the student ID card. The Summer School fee covers a copy of the course materials, excursion, welcome party, gala dinner, refreshments and sandwich lunches.

Payment by:

Credit Card

I authorize the payment of € by MasterCard VISA

CARD NO:

EXPIRATION DATE: /

CCV2:

Cardholder's name (in block letters):

Date: Cardholder's signature:

Bank Transfer (with bank charges prepaid)

The amount of € has been deposited by bank transfer to:

NATIONAL BANK OF GREECE
 BANK ACCOUNT NUMBER: 229/515077-91
 IBAN: GR83 0110 2290 0000 2295 1507 791
 BANK BIC CODE: ETHNGRAA

Please add in communication: "SCHOOL2012 - <YOUR-NAME-HERE>"

Onsite – A surcharge of 20 € will be applied

Date:

Place:

Signature: