The 9th International Symposium on Autonomous Decentralized Systems (ISADS 2009) March 23-25, 2009, Athens, Greece

FAX TO: +30 2610 991 945

ADDITIONAL REGISTRATION FORM

Deadline: **March 16th , 2009**

Title: ☐ Prof ☐ Dr ☐ Mr ☐ Ms **First Name:** **Last/Family Name:** **Middle Initial:**

Company/Institution: **Department:**

Address:

Province/State: **Country:** **Zip/Postal Code:**

Email: **Paper ref. Number(s):** a) ___ ___ ___ b) ___ ___ ___ c) ___ ___ ___ d) ___ ___ ___

Tel: + ( ) **Fax:** + ( )
Country code Area Code Number Country code Area Code Number

Registration Number: ☐☐☐☐ please enter the 4 digit registration number which is found in your registration confirmation notification.

A. OPTIONAL ADDITIONAL ITEMS (use this form if you have already finalized your registration and wish to purchase some additional items)

Tickets / Items	Included in Registration Fees	Price (€)	Number of Tickets / Items	Cost (€)
Extra page charge (each page after 6th)		50		
Symposium proceedings	YES	50		
Symposium dinner ticket (Tuesday, March 23nd)	YES	50		
Lunch Ticket (daily)	YES	30		
			TOTAL (B) : €	

TOTAL TO BE PAID

A. Total for Registration (€)	B. Total for Additional Items (€)	GRAND TOTAL (A+B)
		€

CANCELLATION POLICIES *(Please tick and sign)*

☐ **I have read and accepted the cancellation terms mentioned on this form and on the ISADS 2009 web site.**
Signature:.....

Cancellation Policy
A full refund (less €100 administration fee) will be issued if written notification is received by MeetingPlanner.gr on or before February 23rd , 2009. No refunds will be issued after that date.

METHOD OF PAYMENT (Tick ONE)

☐ **By Bank Transfer** (A €20 surcharge must be added on the fee. Amount must be net of bank charges)
A notification email with the bank details will be sent to the email address given in this form.

***NB:* Make sure you add €20 to your payment. Do not forget to fax a copy of the bank transfer transaction to +30 2610 991945.**

☐ **By Credit Card.** Please circle one: MasterCard / VISA
*I authorize you to charge my credit card with the **Grand Total** amount of Euro _____ for my registration and optional additional items.*

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date:_____

Cardholder's Name *(If the registrant is not the cardholder, please also fax a copy of both sides of the credit card)*: _____

ID validation number *(The last 3 digits of the number that can be found on the back side of your credit card)* : ___ ___ ___

Cardholder's Signature: Date:

ISADS 2009 Registration Desk
c/o MeetingPlanner.gr
Ypapantis Str., K. Kastritsi
GR – 26504, Rio, Achaia, Greece
Tel: +30-2610-992025 Fax: +30-2610-991945
URL: www.meetingplanner.gr
email: ISADS09@meetingplanner.gr