



SAGT2010 REGISTRATION FORM

SAGT2010 Secretariat

Research Academic Computer Technology Institute (R.A. CTI)

N. Kazantzaki str., 26504 Patras, Greece

Fax.: +30 2610 960392, **Tel.:** +30 2610 960432, **Email:** gourdoup@cti.gr

Attn: Mrs. Lena Gourdoupi

Please note the following:

- Payment of regular registrations must be received until **September 30, 2010**
- Payment of late registrations must be received until **October 17, 2010**
- Registration forms without payment will not proceed
- For questions please email us at gourdoup@cti.gr, or call **+30 2610 960432**

Personal Data

Last Name:		First Name:		Title:	
University/Organization:					
Faculty/School/Department:					
Street:			Email:		
City:			Phone:		
Postal code:			Country:		
Preferred Name for Conference Name Tag:					
Are you presenting a paper at SAGT2010? <input type="checkbox"/> YES <input type="checkbox"/> NO			Paper ID:		

PAYMENT OF SAGT2010 FEES & SOCIAL PROGRAM

Please complete and fax this form to SAGT2010 Secretariat

Attn.: Mrs Lena Gourdoupi (EMAIL: gourdoup@cti.gr, VOICE: +30 2610 960432)

FAX NUMBER: +30 2610 960392

SAGT2010 Registration Form

Registration Payment

Full registration fee includes: Attendance to all **SAGT2010** sessions, one copy of the proceedings, and a conference bag, daily lunches and teas/coffees, conference welcome reception and banquet, and a wine testing event.

		<input type="checkbox"/> Regular	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse (for banquet)
<input type="checkbox"/>	Regular Registration (until Sept. 30, 2010)	Euro ...330...	Euro ...270...	Euro ...60...
<input type="checkbox"/>	Late Registration (until Oct. 17, 2010)	Euro ...430...	Euro ...370...	Euro ...60...
<input type="checkbox"/>	On-Site Registration	Euro ...430...	Euro ...370...	Euro ...60...
Total cost				

Student registrants must have an academic advisor sign the following statement:

The person named on this form is a full – time student.

Faculty name (print): _____

Affiliation: _____

Signature: _____ Date: _____

Method of Payment will be made by one of the following ways:

1. By Credit Card:

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Cardholder's Name																	
Expiry Date			Card Number																	
CVV (card security code, last 3 digits of the number at the rear of the credit card)																				

Card Holder's Signature _____ **Date:** _____

2. By Bank Transfer to the account:

Account Name: Research Academic Computer Technology Institute
Bank Name: Peraeus Bank, Branch of Patras (Asklipiou)
Bank Account IBAN: GR84 0172 5070 0055 0700 7702 804
SWIFT Code: PIRBGRAA
 (please include copy of Bank Transfer order)