4th Astronomical Conference

organised by the

Hellenic Astronomical Society (HEL.A.S.)

16 – 18 September 1999, Samos, Greece

First Announcement

1. Main Scientific Objectives

The Conference will cover the basic fields of Astronomy and Astrophysics and is open to all astronomers who would like to interact and exchange their scientific expertise with their Greek colleagues. The Main Scientific Subjects to be discussed will include:

Dynamical Astronomy and Celestial Mechanics
Solar, Planetary and Space Physics
Stellar Astrophysics
The Galaxy and other galaxies
High Energy Astrophysics
Cosmology and Relativity
History and Infrastructure of Astronomy in Greece

The official languages of the Conference will be English and Greek. Invited talks by experts in the above areas will present overviews and summarize results. Individual contributions will provide the most recent results in these fields. Proceedings, including the contributed papers, will be published in English, by the Local Organizing Committee.

2. Scientific Organising Committee – SOC

J. Seiradakis (Thessaloniki, Chairman), G. Antonakopoulos (Patras), E. Kontizas (Athens), N. Kylafis (Crete), E. Livaniou (Athens), X. Moussas (Athens), P. Niarchos (Athens), J. Seimenis (Aegean), V. Tritakis (Athens), E. Tsikoudi (Ioannina), H. Varvoglis (Thessaloniki).

3. Local Organising Committee – LOC

J. Seimenis (Chairman), I. Liritzis, X. Moussas, P. Niarchos, N. Soulakellis.

Contact address:

John Seimenis 4th Astronomical Conference University of Aegean Department of Mathematics GR-83200 Karlovasi, Samos, Greece	FAX: +30 1 6492199 E-mail: isei@aegean.gr

4. Sponsors

Among the sponsors contacted, the University of the Aegean (Department of Mathematics, Department of Geography and Department of Mediterranean Studies) has responded up to now. Further requests are pending.

5. Contributed Papers

There will be both oral and poster presentations. If you wish to be considered for either a 15-minute contributed talk or a poster presentation, please indicate this and provide a short abstract. Deadline for receiving Abstracts: 31 May 1999.

6. Financial Support

The Local Organizing Committee is working towards obtaining local support for the Conference. We hope that we will be able to offer limited free accomodation and travel support.

7. Conference Location

The Conference will take place in the Amphitheatre of “Doryssa Village”, in the Village of Pythagoreion (birthplace of Pythagoras) at the island of Samos. Pythagoreion is a very nice and picturesque village with archeological sites and clean sea for swimming Nearby lies a marine for yachts and the island’s airport. The visitor can find a lot of taverns, exhibitions, boats for excursions in the nearby islands and many companies to rent a car. “Flying dolphins” are sailing almost every day to Patmos, Kos, Rhodos and Turkey.

8. Hotels

There are many small hotels within walking distance from the ”Doryssa”. The Organizing Committee will try to arrange the best accommodation for all participants. Please consider that September is high-season period for Samos and the organizers must be informed by **June 30,** about your preferred reservation. Prices are reasonable, according to the hotel categories. A price list will be announced soon. If you would like assistance with your accommodation, the fee must be paid **before June 30, 1999.**

9. Registration

Pre-registration is possible by completing and sending back to the LOC the Registration Form included in this message. Information about the registration fees is given in the following Table:

	(EURO)	(GDr)
General registration	65.-	20000.-
Person under 35 years	32.-	10000.-
Hel.A.S. Member above 35	32.-	10000.-
Hel.A.S. Member under 35	16.-	5000.-
Accompanying Person	32.-	10000.-

The current exchange rate is: 1 EURO = 320 drachmas (GDr)

You may pay this in the account no:

711/ 33 488 912 of COMMERCIAL BANK OF GREECE
in the name of J. Seimenis, Chairman of the Org. Committee

or at the welcome desk.

10. Conference Dinner

The Conference dinner has been scheduled for Friday evening. We hope that we will be able to provide traditional greek specialities as well as the famous Samos wine.

11. Information Related to Scientific Content

For information related to scientific content please contact the Scientific Organizing Committee:

Professor J.H. Seiradakis University of Thessaloniki Department of Physics Section of Astrophysics, Astronomy and Mechanics GR-540 06 Thessaloniki, Greece	Tel: +30 31 998173 Fax: +30 31 995384 E-mail:jhs@astro.auth.gr http://www.astro.auth.gr/~jhs

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R E G I S T R A T I O N F O R M [1]

Submit this form by normal post or fax to the **Contact address** of the Local Organising Committee, mentioned in §3.

Deadline for registration: 31 May 1999

Direct questions to: **isei@aegean.gr**

You will receive a confirmation from the LOC as soon as your registration has been processed.

Family Name: ____________ First name: ____________ Initials: ____________

Title: Professor ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ph.D. Student ☐

Affiliation for *Name Badge*: ____________

E-mail: ____________

Phone number: ____________ Fax number: ____________

Institution: ____________

Postal address: ____________

____

City: ____________ Zip Code: ____________ Country: ____________

Accompanying person(s): ____________

____

	No. of persons	**Registration (until May 31, 1999)** (EURO)	(GDr)
General registration	× ☐	. . . .	. . . . . .
Person under 35 years old	× ☐	. . . .	. . . . . .
Hel.A.S. Member above 35	× ☐	. . . .	. . . . . .
Hel.A.S. Member under 35	× ☐	. . . .	. . . . . .
Accompanying Person	× ☐	. . . .	. . . . . .
	Total amount	. . . .	. . . . . .

Will you be presenting a paper? (YES[2]/NO) . . . . .

Signature: . . . .

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[1] Please complete the PAYMENT FORM as well.

[2] Please complete the PAPER CONTRIBUTION FORM

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HOTEL RESERVATION FORM[3]

Submit this form by normal post or fax to the **Contact address** of the Local Organising Committee, mentioned in §3.

Deadline for guaranteed reservation and minimum cancellation fees: June 30, 1999

Direct questions to: **isei@aegean.gr**

• Reservations may be submitted by *Letter*, by *E-mail* or by *FAX*[4] Telephone requests will not be accepted.
• The LOC will confirm your reservation within two weeks after your application has been received.

Family Name: ____________ First name: ____________ Initials: ____________
E-mail: ________________________________
Phone number: ____________________ Fax number: ____________________
Postal address: ________________________________
____
City: __________ Zip Code: __________ Country: __________

Choose the type of room[5] that suits you best by checking one box:
SINGLE ROOM[6] ☐ DOUBLE ROOM ☐ DOUBLE ROOM (single occupancy) ☐
Non-Smoking ☐ Special Needs: ________________________________

For <u>all</u> types of room, print names of occupants of each room:

<u>Room 1:</u> 1. ____________ 2. ____________ 3. ____________

<u>Room 2:</u> 1. ____________ 2. ____________ 3. ____________

Should the LOC choose your room mates? (yes/no) .... Sex of room mates: M ☐ F ☐ Any ☐

Arrival Date & Time: ____________ ____________ Departure Date: ____________
Number of persons: ☐ Number of nights: ☐

Signature: . .. .

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[3]Please complete the PAYMENT FORM as well.
[4]The hotel requires a guarantee for bookings. Please remit a deposit, equivalent to one night's stay, at the rates mentioned above, with your registration. The deposit will be credited to your bill when checking out. If you have indicated more than one choice, please fulfil the deposit requirements of your first choice.
[5]If more rooms are needed, please duplicate this form.
[6]Limited number of rooms, please indicate a second choice, by checking a second box.

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P A P E R   C O N T R I B U T I O N[7]

Submit this form to the **Contact address** of the
Local Organising Committee, mentioned in §3.
Deadline: 31 May, 1999
Direct questions to: **isei@aegean.gr**

I wish to present an oral paper in a *parallel session* ☐ poster ☐ paper, in the general area of Astronomy:

Title (preliminary): ____________________

Special Instructions (optional): ____________________

Author List:

Name — Address (Institution, Address, City, zip code, Country)

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________

Contact Person: ____________________

(First Name, Initials, Family name)

Full address: ____________________

____

____

(City, Country, zip code)

E-mail: ____________________

Phone & FAX: ____________________

(+Country code) (area code) (phone and fax numbers)

Please provide also an Abstract in a camera-ready form of one A4 page.

The co-ordinating committees will referee and accept the contributed papers.

[7] If you wish to present more than one paper, please duplicate this form.

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P A Y M E N T   F O R M

Submit this form by normal post or fax to the **Contact address** of the Local Organising Committee, mentioned in §3.

Deadline for registration: 31 May, 1999

Direct questions to: **isei@aegean.gr**

Family Name: ________ First name: ________ Institution: ________

Payment Information		
Registration Hotel Reservation	EURO : EURO :	GDr : GDr :
Total amount	EURO :	GDr :

Method of Payment

At the moment we are unable to accept *Credit Card* payments. Most favoured method is by *Money Transfer* to the account mentioned below. In this case please send us the details of the *Transfer Transaction* (name of remitter, date of transaction and Bank name). If you pay by cheque, please add an extra GDr 2000 (EURO 6.5) which represents the bank charges.

☐ Cash (at the welcome desk)

☐ By Money Transfer (Amount tranferred ________ Name of remitter ________ Date ________ through ________ (Name of Bank) to the Conference account (Ref. *4th Astronomical Conference* at the "Commercial Bank of Greece", account number **711/ 33 488 912**, in the name of J. Seimenis, Chairman of the Org. Committee. Please indicate clearly your name, country and the key-word "*4th Astronomical Conference*"))

Cancellation

In the event of cancellation, written notification should be sent to the LOC. The following *cancellation fees* will be deducted before refunding.

REGISTRATION: *Up to September 10, 1999*: 20% of the registration fees (minimum: the Bank charges, which could be between 0 and 4000 drachmas or 12 EURO – depending on the method of payment).

HOTEL RESERVATION: *Up to July 16, 1999*: the hotel deposit + the Bank charges.

As mentioned earlier, the LOC is working hard towards obtaining local support for the Conference. However, at the moment the outlook is not very encouraging. Please indicate below if your attendance will be conditional on receiving financial support.

Comments:

Signature: . . . .

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                     4th Astronomical Conference
                       16--18 September 1999
                 P A P E R   C O N T R I B U T I O N

  If you wish to present more than one paper, please duplicate this form.
----------------------------------------------------------------------------

            Submit this form by E-mail to: isei@aegean.gr
                        DEADLINE: 31 May, 1999
              Direct questions to: isei@aegean.gr
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I wish to present an (ORAL paper in a parallel session/POSTER paper) .......
in the general area of Astronomy:

............................................................................

TITLE (preliminary) ........................................................

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SPECIAL INSTRUCTIONS (optional) ............................................

............................................................................

AUTHORS LIST
       Name           Address (Institution, Address, City, zip code, Country)

 1. ...............  .......................................................

 2. ...............  .......................................................

 3. ...............  .......................................................

 4. ...............  .......................................................

 5. ...............  .......................................................

CONTACT PERSON .............................................................

FULL ADDRESS ...............................................................

             ...............................................................

E-MAIL ............................ PHONE & FAX ...........................

The co-ordinating committees will referee and accept the contributed papers.
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