4th Astronomical Conference
16 – 18 September 1999

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

4th Astronomical Conference
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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: . .. .

[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.

4th Astronomical Conference
16 – 18 September 1999
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	EURO :	GDr :
Hotel Reservation	EURO :	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
----------------------------------------------------------------------------

I wish to present an (ORAL paper in a parallel session/POSTER paper) .......
in the general area of Astronomy:

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

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

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

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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