**2nd Summer School of Hel. A.S.**

**11-15 July 2016, Athens, Greece**

**Registration Form**

**Participant Information**

Last Name\*:

First Name\*:

Title\*:

Brief Affiliation\*:

 (as it will appear on your badge)

**Contact Details**

University/Institution:

Department/Unit:

Address 1:

Address 2:

City:

Zip Code:

Country\*:

E-mail\*:

**Notes**

* The fields marked with a red star "\*" are mandatory.
* The registration fee for the School will be paid in cash upon arrival and it has been set to **60 Euros.**
* This form must be sent by an e-mail to N. Vlahakis (vlahakis@phys.uoa.gr) and to E. Xilouris (treasurer@helas.gr) with a Subject: Registration of 2nd Summer School of Hel.A.S., **before June 11, 2016**.