

ULTRAPATH XIV  
HERAKLION, 6-11 JULY 2008

**Registration Form**

Family name .....

First name.....Prof.  Dr.

Address .....

Postal code.....City.....Country.....

Telephone.....

E-mail.....

Fax.....

**Registration Fee**

|                      | <b>All Inclusive Programme</b> | <b>Partial Programme</b>       |
|----------------------|--------------------------------|--------------------------------|
|                      | No.                            | No.                            |
| Participants         | € 650 <input type="checkbox"/> | € 500 <input type="checkbox"/> |
| Accompanying persons | € 470 <input type="checkbox"/> | € 320 <input type="checkbox"/> |
| Children (2-14 y.o.) | € 235 <input type="checkbox"/> | € 160 <input type="checkbox"/> |
| Total Amount         | .....                          | .....                          |
| Date of arrival      | .....                          |                                |
| Date of departure    | .....                          |                                |

**Method of Payment**

Please Charge EUR.....(total of the above ticked boxes) to my credit card:

Visa  Mastercard  American Express

Card Number:.....

Expiry date:.....

Card validation code .....(last 3 digits of the number printed on the back of the card)

**Print name as it appears on the card**

.....

**Signature**

.....

**or Pay directly to:**

Account Number 5507778412

IBAN Account number GR970840104000005507778412

Account Title: Irene Baltatzis CITIBANK Branch: 104 Dept: 00004 AO: 00004