



ICCMSE 2019

# ICCMSE 2019

## CONFERENCE REGISTRATION FORM

1-5 May 2019, Sheraton Rhodes Resort, Rhodes, Greece

Title  Mr  Mrs  Dr  Prof Surname  First Name

Address  City

Country  Postcode  Telephone

Telefax  Mobile Ph  Email

### Name of Accompanying Person(s), if any:

- 1) Title  Mr  Mrs  Dr  Prof Surname First Name
- 2) Title  Mr  Mrs  Dr  Prof Surname First Name
- 3) Title  Mr  Mrs  Dr  Prof Surname First Name
- 4) Title  Mr  Mrs  Dr  Prof Surname First Name
- 5) Title  Mr  Mrs  Dr  Prof Surname First Name

Price Table				
	Early Registration (Until 9 January 2019)	Normal Registration (Until 9 March 2019)	Late Registration (Until 11 April 2019)	On Conference Registration
Students	€320	€340	€360	
Participants from Developing Countries	€360	€390	€400	
Participants from all over the World except Developing Countries	€430	€475	€500	€560

**TOTAL**

### CANCELLATION POLICY FOR THE REGISTRATION

- Author registrations cannot be returned after March 1, 2019.
- All other refund requests must be in writing and received before February 20, 2019.
- A 60 Euro cancellation fee will be deducted from the registration fees.
- Substitution of one conference attendee for another will be accepted at any time, on the basis of information of the change via e-mail ([chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org)) (the submission to both addresses is requested).

## Payments details

The payments will be done via REGALSCOPE LIMITED as is described below. In the case of Bank Transfer and in order the registration to be valid, the Bank Slip of the Bank Transfer is necessary. Your registration is not valid if the Bank of the Bank Transfer is not included (in the case of Bank Transfer).

### PAYMENT

Please complete this section to guarantee your registration. We mention that without this guarantee your registration isn't recognized

1) By Bank Transaction

Bank : Société Générale Bank Cyprus  
Bank Address : 117, Ayias Fylaxeos Ave., 3087 Limassol, Cyprus  
Account Number: 033 001 360 050642 01 4  
IBAN Code : CY50 0120 0003 3001 3600 5064 2014  
BIC: SOGECY2N  
Under the Name of: REGALSCOPE LIMITED  
(Beneficiary's Name)

After payment of registration fees by Bank Transaction you have to send the receipt of the Bank slip for Bank Transfer with this form to the fax: +35726952052 (new fax nr.). THIS IS NECESSARY IN ORDER YOUR REGISTRATION TO BE VALID.

For the payments with Bank Transfer via your organization, the VAT number is requested (for participants from European Union): VAT NUMBER

Address:

REGALSCOPE LTD  
13, Tepeleniou street  
Tepeleni court, 2nd floor  
8010 Paphos – Cyprus  
TIC: 12308996N  
VAT: 10308996K

2) By Credit Card

Name of the Card Holder  Billing Address

Country  City  Post Code

CreditCard  Credit Card Number  Expire Date  CVC Num.

Taxes and administration charges 4%. **Attention: American Express credit cards are not accepted**

**Important Notice :**

**ATTENTION: THIS FORM MUST BE COMPLETED ELECTRONICALLY AND MUST BE SENT TO THE SECRETARY OF ICCMSE TO THE FAX NUMBER +35726952052 (new fax nr.) or via e-mail to the e-mail addresses: [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org)**

Date

Signature \_\_\_\_\_

**Remarks on Registration**

**For accompanying persons, please add 65 Euros for each additional seat in the Central Dinner and 45 Euros for each additional seat in the Excursion.**

(\* ) For the students a confirmation signed by their supervisor is needed. This confirmation must be send to the fax number: +35726952052 (new fax nr.) together with the information that the fees has been paid.

An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be send.

Important Notice: Failure to fax the above requested letter will render the registration incomplete.

(\*\*) With the term developing country we mean any country except USA, Canada, EU and other Western European nations, Japan, Australia and New Zealand.

(\*\*\*) The extended abstracts of the cases (i), (ii), (iii) will be included in the Proceedings of ICCMSE 2018 (published in AIP (American Institute of Physics) Conference Proceedings).

**We note that our policy for the presentation of more than one papers is the following:**

**For one paper (1): 1 registration fee**

**For two papers (2): 1.5 registration fees**

**For three papers (3): 2 registration fees**

**For four papers (4): 3 registration fees**

**The Conference doesn't permit the publication of more than 4 papers with the same author(s).**

**Conference dinner**

A conference dinner is planned during the conference and accompanying persons are most welcome to come along with you. With your registration (and if your accommodation has been done in Sheraton Rhodes Resort **(ONLY via the Organizing Committee – Secretary of the Conference)**), you are already entitled to the conference dinner and do not need to pay any fees. If you will be coming with extra accompanying persons, please reserve a number of additional seats here **(65 Euros per seat)**. **If you haven't booked your room in the Sheraton Rhodes Resort via the Organizing Committee – Secretary of the Conference then you have to pay extra fees (65 Euros per seat) for your participation in the Central Dinner.**

## Excursion

An excursion is planned during the conference and accompanying persons are most welcome to come along with you. With your registration, you are already entitled to the conference excursion and do not need to pay any fees. If you will be coming with extra accompanying persons, please reserve a number of additional seats here (**45 Euros per seat**).

You can send the registration form via e-mail ([chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org)). If you do not wish to send the registration form on the net, you can use the text version of this form. You must send the text version via **regular mail and fax**.

## Regular Mail

The postal mail address for notifying us how to clear your payment is:

**Secretary of ICCMSE 2019  
(Attn: Mrs. Eleni Ralli)  
10 Konitsis Street,  
Amfithea - Paleon Faliron,  
GR-175 64 Athens,  
Greece**

Please use also the above address in order to send the text version of this form.

## Fax

In order to send the text version of this form is :

**Fax of the Secretary of ICCMSE 2019:**

**+35726952052 (new fax nr.)**

**Please indicate on your fax that it is for the attention of the ICCMSE 2019 organizers.**

**An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be send.**

**(1) If you want to send the text version of this form, you must use BOTH regular mail and fax**

**(2) Registration will not be effective until :**

**(a) receipt of the Bank slip for Bank Transfer (Method 1) .**

After payment of registration fees an informal e-mail to the Secretary of ICCMSE at [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) should be send and a copy of Bank slip should be send to

(i) the postal address of the Secretary of ICCMSE (Secretary of ICCMSE 2019 (Attn: Mrs. Eleni Ralli), 10 Konitsis Street, Amfithea ,Paleon Faliron, GR-175 64 Athens, Greece)

and

(ii) the fax of the Secretary of ICCMSE 2019: **+35726952052 (new fax nr.)**

An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be send.

**(b) receipt of a message from us that your card has been charged effectively (Method 2).**

**(3) All payments must be "free of any charges for the payee", i.e. all bank charges have to be borne by the sender.**

**Receipt for your payment**

If you request a receipt now (otherwise receipt will be issued at the conference) please note it here:

**I have read all the above remarks and cancellation policies for the registration**

Date

Signature \_\_\_\_\_