

## REGISTRATION & RESERVATION FORM (photocopy, fill in and fax to ARTION)

Please complete a separate form per participant (only accompanying persons can be included on the same form).

Please type or print in block letters and return this form to:

**ARTION Conferences & Events, 24 Ag. Sofias street, 54622 Thessaloniki, Greece,**

**Tel: +30 310 252339, fax +30 310 272276,**

**e-mail: [conferences@artion.com.gr](mailto:conferences@artion.com.gr), Website: [www.uom.gr/uompress/news.html](http://www.uom.gr/uompress/news.html).**

All rates are in EUROS and include VAT.

### REGISTRATION DETAILS

Title:  Prof.  Dr.  Mr.  Mrs.

First Name:

Family Name:

Position:

Organization:

Address:

City:

Post Code:

Country:

Tel:

Fax:

e-mail:

TAX number

Tax Office:

### ACCOMPANYING PERSONS

1. First Name

Family Name

(Ms/Mr/Child)

2. First Name

Family Name

(Ms/Mr/Child)

### Dietary requirements

Please indicate any special dietary requirements  vegetarian  other, please specify

### I. REGISTRATION FEES (in EUROS)

The following fees apply to participants attending the International Conference on Typography and Visual Communication: History, Theory, Education, 26-30 June 2002.

<b>All 4 days</b>	<b>Early registration</b>	<b>Late registration</b>	<b>Please add</b>
	<i>By 30 April 2002</i>	<i>From 1 May 2002</i>	
Delegates	<input type="checkbox"/> 150	<input type="checkbox"/> 180	
Students	<input type="checkbox"/> 75	<input type="checkbox"/> 90	
Accompanying Person	<input type="checkbox"/> 50	<input type="checkbox"/> 60	
<b>One day conference pass</b>			
Delegates	<input type="checkbox"/> 50	<input type="checkbox"/> 60	
Students	<input type="checkbox"/> 25	<input type="checkbox"/> 30	
<b>Workshops</b>			
If registered as			
Delegate/Student for			
All 4 days (extra fee)	<input type="checkbox"/> 30	<input type="checkbox"/> 40	
Workshop only attendance	<input type="checkbox"/> 60	<input type="checkbox"/> 80	

**I. Total for Registration:**

EUROS.....

If registering for one day please indicate which day you will be attending

- Wednesday 26 June                       Thursday 27 June  
 Friday 28 June                                 Saturday 29 June

Please choose workshop of preference to attend

- Lithography & Engraving  
 Bookbinding, limits and horizons  
 The Conference experience: a publishing project  
 Font Design

Delegates registering for one day should choose on the registration form the specific day they will be attending.

Students should attach a copy of their student ID card to their registration form.

## II. HOTEL ACCOMMODATION

**Invited Speakers should ignore this section**

Prices are per room night at the hotel and include buffet breakfast, services and all taxes. Please tick the appropriate rates applicable to the room type you require and fill in the Total Accommodation cost box.

Arrival (Check-in) Date in Thessaloniki: ..... Departure (Check-out) Date from Thessaloniki: .....

HOTEL	CATEGORY	SINGLE	DOUBLE	TRIPLE	JR SUITE	No of Nights	Please add
MAKEDONIA PALACE (5' by taxi)	DLX	<input type="checkbox"/> 182	<input type="checkbox"/> 196	<input type="checkbox"/> 236		X.....	
IMPERIAL (10' by bus)	A	<input type="checkbox"/> 90	<input type="checkbox"/> 116	<input type="checkbox"/> 145	<input type="checkbox"/> 190	X.....	
ABC (5' walk)	B	<input type="checkbox"/> 89	<input type="checkbox"/> 115	<input type="checkbox"/> 145		X.....	
LUXEMBOURG (15' by bus)	B	<input type="checkbox"/> 73	<input type="checkbox"/> 96	<input type="checkbox"/> 114	<input type="checkbox"/> 121	X.....	
AEGEON (10' by bus)	B	<input type="checkbox"/> 47	<input type="checkbox"/> 58	<input type="checkbox"/> 72		X.....	

**II. Total for Hotel Accommodation:** EUROS.....

### Important

To secure hotel reservation, please fill in the credit card section below, regardless of the selected method of payment.

If sharing with someone other than your accompanying person, please give his/her name:

- I will make my own hotel arrangements

## III. FLIGHTS

**For Invited Speakers only and Delegates who wish the Secretariat to care for reserving their flight tickets**

Please indicate departure and arrival dates and required city to fly from, to Thessaloniki and return (complete flight numbers – if known).

Arrival from:                      Flight no.:                      Date:                                      Time:  
Departure to:                      Flight no.:                      Date:                                      Time:

## V. OPTIONAL TOURS DURING CONFERENCE - ACCOMPANYING PERSONS PROGRAMME

NAME OF TOUR	DATE	COST/PERSON*	NO OF PERSONS	TOTAL COST
<input type="checkbox"/> <i>Thessaloniki Sightseeing (half day)</i> Free for registered Accompanying Persons only (please check & put 0 value)	June 29	35 EURO	<input type="checkbox"/> Delegate <input type="checkbox"/> Acc.Person 1 <input type="checkbox"/> Acc.Person 2	EURO
<input type="checkbox"/> <i>Vergina – Veria – Edessa (full day)*</i> Free for Invited Speakers only (please check & put 0 value)	June 30	45 EURO	<input type="checkbox"/> Delegate <input type="checkbox"/> Acc.Person 1 <input type="checkbox"/> Acc.Person 2	EURO
Entrance fees to museums and all taxes are included. Lunch is included			<b>IV. Total:</b>	EURO
<b>GRAND TOTAL FOR (I) + (II) + (IV):</b>				EURO

### PAYMENT CONDITIONS

#### 1. For registrations

Full payment of registration should reach the Conference Secretariat.

#### 2. Hotel accommodation & Optional Tours

**One (1) night deposit**, drawn to ARTION, is required **in order to confirm your Hotel Reservation.**

**30% deposit**, drawn to ARTION, is required in order to confirm the Optional Tours.

**Full payment** for Hotel accommodation and Tours, should reach the Conference Secretariat, not later than 20 May 2002.

### CANCELLATION POLICY

#### Registration Fees:

1. Written cancellation received by 30 April: Refund of the total fee less 25% administrative charge.
2. Written cancellation received after 30 April: 100% cancellation fee applies.

#### Hotels & Tours

1. Written cancellation received by 30 April: No Cancellation fees.
2. Written cancellation received by 15 June: One night cancellation fee applies.
3. Written cancellation received after 15 June: 100% cancellation fees apply for Hotel & Tours.
5. All refunds will be processed after 15 July.

Please choose method of payment and fill in the Credit Card Section regardless of chosen method of payment to secure hotel reservation:

- Bank transfer to **ARTION**:  
**I. HELLENIC BANK LTD** – Account No **006-70342 (SWIFT Code HEBAGRAA)**  
**II. ALPHA BANK** – Account No **704-00-2002-004606 (for Greek Participants)**

- I duly authorize ARTION to debit my credit card for registration, one (1) night hotel accommodation and 30% of Tours as **to guarantee reservation.**  
I duly authorize ARTION to debit my credit card and Settle my Debit Balance **by 20 May 2002.**

- Visa  
 American Express  
 Mastercard

Card no (16 digits): \_\_\_\_\_

Expiration date: \_\_\_\_\_ (MM/YY)

Cardholders name:

Signature:

By signing this form, I declare to accept all instructions & conditions for registration

Signature:

Date:

**PLEASE RETURN TO ARTION Conferences & Events, Fax +30 310 272.276**