Accompanying Persons Program Registration Form

**45th CIRP Conference on Manufacturing Systems (45th CIRP CMS 2012)**

**16-18 May 2012, THE MARGI Hotel, VOULIAGMENI, ATHENS, GREECE**

**Conference Website:** [**http://www.lms.mech.upatras.gr/CIRP\_CMS2012/**](http://www.lms.mech.upatras.gr/CIRP_CMS2012/)

**Please complete (type or print) this form**

|  |
| --- |
| Participant Details |
| Family Name |  | First Name |  |
| Title |  | Organisation |  |
| Str. Address |  |  |  |
| City |  | Post/Zip code |  |
| Country |  | Email |  |
| Telephone |  | Fax |  |

# REGISTRATION FEES (in Euros)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendance** |  | **No of Persons** | **Amount** |  |
| Participant Rate | 100€ |  |  |  |
|  |  | **Total** |  € |

|  |
| --- |
| **Forms to be returned by e-mail to:**Laboratory for Manufacturing Systems and Automation (LMS)**Attn. Mrs. A. Sbarouni & Dr. D. Mourtzis**University of PatrasRio, Patras 26500, Greece |
| **E-mail:** **angela@lms.mech.upatras.gr****mourtzis@lms.mech.upatras.gr****Please send your Registration Form in BOTH e-mails** |

**PAYMENT DETAILS:**

|  |
| --- |
| 1. Bank Transfer (with all bank charges pre-paid) to:

 NATIONAL BANK OF GREECE,  ACCOUNT No: 229-54000232 IBAN Nr.: GR6001102290000022954000232 SWIFT/BIC code: ETHNGRAA Account holder: ELKE UNIVERSITY OF PATRAS **Details to be notified: D439** |

2. Credit Card: (Please tick the box of your preferred means of payment.)

[ ]  Visa [ ]  Master Card

Card Number (**Including the last 3 digits on the back of your card**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal address (Street, City, Country, Post/Zip Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_