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| **REGISTRATION FORM** |

**PARTICIPANT INFORMATION**

To register for the THESSALONIKI SUMMIT 2019, please fill in this form (in **ENGLISH** and in **CAPITAL** **LETTERS**) and return it to the Federation of Industries of Greece, 1, Morihovou sqr., 54625, Thessaloniki, GREECE, tel. 0030 2310 539817, fax. 0030 2310 541933, email: thessalonikisummit@sbe.org.gr

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| *SURNAME* |  | *FIRST NAME* |  |
| *JOB TITLE*  |  | *COMPANY* |  |

**PARTICIPATION FEE**

❑ 250€ (plus 24% VAT), Summit Participation Fee, which **includes** participation to the official dinners, summit material and simultaneous translation.

❑ 90€ (plus 24% VAT), Participation to the official dinner of the first day (Thursday 14/11) with Guest of Honor & Speaker, Mr. Kyriakos Mitsotakis, Prime Minister of the Hellenic Republic (tbc)

**METHODS OF PAYMENT**

Please select one of the below payment methods. In case of cancellation after November 11th, 2019, you will be charged with the total participation cost.

❑ By check payable to the Federation of Industries of Greece

❑ Cash at the Federation of Industries of Greece

❑ By deposit of the amount at the Federation’s account at the Piraeus Bank, beneficiary: Federation of Industries of Greece, account number GR83 0172 2190 0052 1900 2733 030. It is necessary that your company name or your name (for private participation) appears as the depositor on the bank receipt.

**IMPORTANT:** In case of bank deposit, please send us a copy of the appropriate receipt from the bank by fax or email.

**ΣΤΟΙΧΕΙΑ ΤΙΜΟΛΟΓΗΣΗΣ | INVOICING INFORMATION**

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| *ΕΤΑΙΡΙΑ / COMPANY*  |  |  |  |
| *ΔΙΕΥΘΥΝΣΗ / ADDRESS* |  | *ΠΟΛΗ / CITY* |  |  |
| *ΤΚ / POST CODE* |  | *ΧΩΡΑ / COUNTRY* |  |  |
| *ΑΦΜ / REG. No* |  | *Δ.Ο.Υ. / TAX OFFICE* |  |
| *ΤΗΛ. / TEL. FAX* |  | *Email:*  |  |

**ACCOMMODATION**

The organizers have secured special rates for participants to book rooms during the conference dates.

For further information please visit our website: [www.thessalonikisummit.gr](http://www.thessalonikisummit.gr)

*In case of special eating preferences (allergy/vegetarian) kindly inform us accordingly.*