

A P P L I C A T I O N

Managing Committee of Conference and Cultural Centre

Ref. No:

Date:

APPLICANTS DATA

Name – Title

Responsible person:

Telephone:

E-mail:

Fax.:

Street:

No:

Post Code:

City:

Country:

V.A.T. / I.C.

CO-ORGANISER

Name – Title

Responsible person:

Telephone:

E-mail:

Fax.:

Street:

No:

Post Code:

City:

Country:

CONFERENCE TITLE

In Greek:

In English:

CONFERENCE OPERATION

Foreseeable number of participants:

From: (Day – Month – Time)

To: (Day – Month – Time)

LANGUAGES TO BE USED

1.

2.

INTERNET

Signing this form your event will be directly announced in the website of the CCC. In case you do not want this facility please do let us know.

If you have a website about this event please inform us so that we can create a link in our website.

TYPE OF CONFERENCE

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Conference | <input type="checkbox"/> Local | <input type="checkbox"/> Scientific |
| <input type="checkbox"/> Symposium | <input type="checkbox"/> Regional | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> National | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> International | <input type="checkbox"/> Trade Unionist |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | | |

Signature / Title / Stamp