

SCMIS 2005 Thessaloniki, Greece
The 3rd International Workshop in
Supply Chain Management and Information Systems
6-8 July 2005

WORKSHOP REGISTRATION FORM – ATTENDANCE ONLY
(To be submitted on or before June 24th 2005)
(One Form per Participant)

1. Participant Details:

Title	
Surname	
Name	
Institution	
Position	
Corresponding Address	
City	
Postal Code	
Country	
Tel	
E-mail	
Fax	

2. EARLY REGISTRATION FEE – UNTIL JUNE 24TH 2005 (INCLUDED)

Fee for **ONE (1)** person attending SCMIS2005 - **380 EURO**¹

Fee for **ONE (1) student** attending SCMIS 2005 – **190 EURO**

*(Note: Limited Places available for students)*²

LATE REGISTRATION FEE – AFTER JUNE 24TH 2005

Fee for **ONE (1)** person attending SCMIS2005 - **450 EURO**

Fee for **ONE (1) student** attending SCMIS 2005 – **250 EURO**

(Note: Limited Places available for students)

3. Method of Payment

The workshop registration fee should be paid in **Euro ONLY**. **CASH or CHEQUE is not accepted**.

4. Bank Transfer Details

Please state here your Bank Transaction Number: _____

¹ The Fee covers admission to all workshop sessions, the Gala Dinner, meals & refreshments, proceedings (incl. CD), workshop bag, field trip to companies.

² The Fee covers admission to all workshop sessions, meals & refreshments, proceedings (incl. CD), and workshop bag.

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For residents outside Greece please use:

The Bank Draft should be payable to: South East European Research Centre.

HSBC Bank

Name and address of Bank:	HSBC BANK, 8, Mitropoleos Street 546 25 Thessaloniki, Greece
Swift Code	MIDL GRAA
Currency of Account	EURO
Account in the name of	SOUTH EAST EUROPEAN RESEARCH CENTRE
Account number	003/054236/145
IBAN Number	GR8907100030000003054236145

For Greek/Balkan residents please use:

The Bank Draft should be payable to: CITY Ltd.

ALPHA Bank

Name and address of Bank:	ALPHABANK, 19, Mitropoleos Street 546 24 Thessaloniki, Greece
Swift Code	CRBAGRAAXXX
Currency of Account	EURO
Account in the name of	CITY Ltd.
Account Number	700-00-2002-010971
IBAN Number	GR7701407000700002002010971

5. Submission of Registration Form

Please send your completed registration form with bank transfer receipt to:

Ms Christina MIARITI - SCMIS2005 Administrator

SEERC

17, Mitropoleos street

54624 Thessaloniki, GREECE

Tel: +30-2310-253477/8

Fax: +30-2310-253478

E-mail:

scmis2005@seerc.info

Participant's Name: _____

Participant's Signature: _____

Date: _____