

10th INTERNATIONAL CONGRESS ON AMINO ACIDS AND PROTEINS

Kallithea, Chalkidiki – Greece

August 20 – 26, 2007

REGISTRATION FORM

Family Name: _____ First Name: _____

Affiliation: _____ Title: _____

Mailing Address: _____

Postal Code: _____ City: _____ State: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Presentation Title: _____

Select Type of Presentation: Oral Presentation Poster Presentation

Indicate Scientific Area :

Registration Fees

	Registration fee	Number of Persons	Total Amount
Delegates	350 euro	_____	_____
Graduate Student*	150 euro	_____	_____
Accompanying Person**	50 euro	_____	_____

* A certificate is required along with the registration form

** Accompanying persons must accompany a delegate or student

The Delegate and Graduate Student fees cover: Congress bag, final scientific program, abstract book, certificate of attendance, pen – notepad, ID badge, daily coffee breaks, participation at the Opening Ceremony.

Payment

➤ **By Money Transfer**

Account Name : M. Kyriakidou
Bank Account : 480-00-231008422
Bank Name : Alpha Bank
Address : 52 Ag. Sofias, Thessaloniki 546 35
Swift Code : GRBAGRAAA
IBAN : GR1001404800480002310008422

Date: _____ Signature: _____