



CONFERENCE REGISTRATION FORM

June 27 - July 1, 2011 | ISTEP 2011 Conference | Thessaloniki, Greece

1. ABOUT YOU (all fields are mandatory)

Title:	First Name:	Last Name:
Affiliation:		
Address:		Zip/Postal Code:
Town/City State / Province		
Country:		
E-mail:		Phone:

2. ABOUT YOUR PAPER (Both fields are mandatory)

Title of your paper:
Name(s) of co-author(s):

3. ABOUT YOUR STAY IN THESSALONIKI

Arrival Date & Time:
Name of Hotel in Thessaloniki:
Departure Date & Time:

4. SPECIAL NEEDS & ARRANGEMENTS (optional)

Please indicate any special needs or arrangements you would like to be taken into account at the conference or your stay in Thessaloniki
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5. ABOUT YOUR PAYMENT OF CONFERENCE FEES

Please refer to the URL of Fees Instruction <http://www.istp2011.net/html/registration.html>

Depositor's name:		
Bank Transfer Date:		
(Please type an "X" in the cell next to your choice→)	Normal Fees	Reduced Fees
Have you received a confirmation of payment e-mail by the organizers (Please type an "X" in the cell next to your choice→)	Yes	No

Signature:

Date:

Please send this form to registration.istp2011@yahoo.com