

Registration Form

Last Name		First Name	
Occupation		City	
Name of company		Country	
Contact number (+zone number)		Fax number	
E-mail		Mobile number	

Registration Fees and Participation (please tick the appropriate)

REGISTRATION FEES/ PERIODS

	Feb 1st - June 30th, 2014 'Early bird'	July 1st - Sep 30th, 2014 'Regular season'	October 1st, 2014 - Onsite 'Last minute'	1 day participation fee
CIDESCO International Member	80 € <input type="checkbox"/>	120 € <input type="checkbox"/>	150 € <input type="checkbox"/>	80 € <input type="checkbox"/>
NON -MEMBER	110 € <input type="checkbox"/>	150 € <input type="checkbox"/>	190 € <input type="checkbox"/>	
Student	40 € <input type="checkbox"/>	60 € <input type="checkbox"/>	90 € <input type="checkbox"/>	50 € <input type="checkbox"/>

The registration fee includes:

- Attendance of the program
- Free Access to the exhibition area
- Free entrance to the opening and closing ceremony
- Certificate of attendance
- Printing material and bag
- All legal taxes

SOCIAL EVENTS

		Feb 1st - June 30th, 2014	July 1st, 2014 - Onsite
Oct 22 nd , 2014	Welcome Party with International Music & Dance	60 € <input type="checkbox"/>	70 € <input type="checkbox"/>
Oct 24 th 2014	Gala Dinner with live orchestra in a grand historic place	90 € <input type="checkbox"/>	110 € <input type="checkbox"/>
Oct 25 th 2014	Egyptian Oriental Night with Belly Dance	35 € <input type="checkbox"/>	45 € <input type="checkbox"/>

Cancellation Policy

- March 1st – May 31st : an administrative fee of € 15,00 will be deducted
- June 1st – September 30th : refund of 50% of the registration
- After September 30th : no refunds apply



All cancellations must be done in writing to the congress secretariat FREE-SPIRIT at:
registration@cidescocongress2014.com

Payment Methods

1. By Credit Card

I authorize FREE-SPIRIT to charge the amount of € to the following credit card:

VISA MASTER CARD

CARD NUMBER: _____

EXPIRY DATE: _____

BANK ISSUED: _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS _____

CVV Number: _____

2. By Bank Transfer to:

Alpha Bank

Account number : 3400 0200 2001 521

IBAN: GR 29 0140 3400 3400 0200 2001 521

Swift/BIC Code: CRBAGRAA XXX

Name: I. VOUSAS -A. MASTORAS LTD

Important Notes

- All bank charges must be paid by the registrant/participant
- Any bank wire transfer should be done in the registrant's/participant's own name and if a remitter and a registrant/participant are not the same, please notify the congress secretariat
- Please mention both your name and the name of the congress upon payment
- You are requested to send a copy of your payment either by fax to : 30 210 30 210 6047454, or by e-mail to registration@cidescocongress2014.com
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Signature _____ Date _____(d/m/y)

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