

EBEN RESEARCH CONFERENCE ATHENS 6-8 SEPTEMBER 2016 REGISTRATION FORM

Surname _____

Name _____

University _____

Address _____

City _____

Country _____

e.mail _____

- Eben Member
- Eben non-member
- M.A. & PHD Student
- Accompanying person

This form must be send with the copy of the bank transfer to **Mrs Letta Boura** at info@eben.gr . The registration is confirmed only after the payment of the fees.

Date _____

Sign _____