**1st Summer School of Hel. A.S.**

**1-5 September 2014, Athens, Greece**

**Registration Form**

**Participant Information**

Last Name\*:

First Name\*:

Title\*:

Brief Affiliation\*:

 (as it will appear on your badge)

**Contact Details**

University/Institution:

Department/Unit:

Address 1:

Address 2:

City:

Zip Code:

Country\*:

E-mail\*:

**Notes**

* The fields marked with a red star "\*" are mandatory.
* The registration fee for the School will be paid in cash upon arrival and it has been set to **60 Euros.**
* This form must be sent by an e-mail to Α. Anastasiadis (anastasi@noa.gr) and to M. Georgoulis (manolis.georgoulis@academyofathens.gr) with a Subject: Registration of 1st Summer School of Hel.A.S., **before July 15, 2014**.