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| SMMSO 2015 | 10th Conference on Stochastic Models of Manufacturing and Service Operations |
| kendavros.jpgUNIVERSITY OF THESSALY | Volos, Greece, June 1-6 2015 |

Registration Form

Send form to: smmso2015@mie.uth.gr

**Title:** Enter Title here **First name:** Enter First name here **Last name:** Enter Last name here

**Affiliation:** Enter Affiliation here **Address:** Enter Address here

**City:** Enter City here **Region:** Enter Region here **Postal / Zip Code:** Enter Postal / Zip code here

**Country:** Enter Country here **Email:** Enter Email here **Phone:** Enter Phone No. here

**Accompanying person(s)**

|  |  |
| --- | --- |
| **Name 1:** | Enter Name of Accomp. person 1 here |
| **Name 2:** | Enter Name of Accomp. person 2 here |
| **Name 3:** | Enter Name of Accomp. person 3 here |
| **Name 4:** | Enter Name of Accomp. person 4 here |

**Registration Fee (before March 15, 2015)\***

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| --- | --- | --- | --- |
| Type | Fee per person (€) | Number | Amount (€) |
| Regular participant | 350 (450 after March 15) |       |       |
| Student | 250 (320 after March 15) |       |       |
| Accompanying person (age > 4) | 150 (200 after March 15) |       |       |
| Accompanying person (age ≤ 4) | 50 |       |       |
| Total |  |       |       |

\*The fee covers: 1) conference material, participation in scientific sessions, and coffee breaks, for regular participants and students, and 2) one lunch or dinner per day outside the hotel, participation in the social events and excursions, and transfer from and to Athens International Airport, for everyone.

**Payment**

* After your registration information has been checked and approved, you will receive an email instructing you to proceed with the payment of the registration fees. At that point, wire transfer the total amount of the registration fees to the following bank account:

**Account owner:** RESEARCH COMMITTEE (UNIVERSITY OF THESSALY)

**Owner address:** ARGONAFTON & FILELLINON, 38221 VOLOS, GREECE

**IBAN:** GR93 0140 3100 3100 0200 2020 898

**Bank name:** ALPHABANK

**Bank address:** IASONOS 60, 38221 VOLOS, GREECE

**SWIFT / BIC:** CRBAGRAAXXX

* When you wire transfer the amount, it is **CRUCIAL** that you include the following information for the recepient: “**RE: 4857 (SMMSO 2015) [YOUR FIRST & LAST NAME]**”, e.g., “**RE: 4857 (SMMSO 2015) John Dow**”
* After you wire transfer the amount, send a copy of the wire transfer receipt to smmso2015@mie.uth.gr.

**Payment receipt**

You will receive a receipt of your payment at the conference. If you wish an **invoice** instead of a receipt, please fill out the invoice information below:

**University/Company name:** Enter name here **VAT number:** Enter VAT no. here

**Address:** Enter Address here

**City:** Enter City here **Region:** Enter Region here **Postal / Zip Code:** Enter Postal / Zip code here

**Country:** Enter Country here

**Comments:** Enter comments here