

# FOURTH CONFERENCE ON INTERDISCIPLINARY MUSICOLOGY

# CIM08

**2 - 6 July, 2008 - Thessaloniki, Greece**

## REGISTRATION FORM

### Personal Information

Last Name	_____	Title	_____
First Name	_____	State Province	_____
Affiliation	_____	Zip/Postal Code	_____
Address	_____	Country	_____
City	_____	Tel No	_____
Email	_____	Fax No	_____

**Registration Fees** include admission, Congress Material, Coffee Breaks, Lunches & Welcome Reception

please check in the box	Before March 15, 2008	After March 16, 2008	Discount Criteria
Participant	<input type="checkbox"/> 150,00	<input type="checkbox"/> 200,00	<i>in case you belong to one or more categories below please check in the discount box</i>  Student/disabled -50 Euros <input type="checkbox"/>  Committee member -50 Euros <input type="checkbox"/>  Economically disadvantaged -50 Euros <input type="checkbox"/> Countries
Any one of the three criteria	<input type="checkbox"/> 100,00	<input type="checkbox"/> 150,00	
Any two of the three criteria	<input type="checkbox"/> 50,00	<input type="checkbox"/> 100,00	
All three criteria	<input type="checkbox"/> 0,00	<input type="checkbox"/> 50,00	

### Cancellation Policy:

The Congress Secretariat must be notified in writing if any changes or cancellation of registration occurs.  
 Cancellation before March 31 2008 - full refund less 30 Euros (handling fee).  
 Cancellations from April 01 2008 to April 30 2008 - 50% refund or the registration fee.  
 Cancellations after May 01 2008, no refunds apply.

### Banquet

<input type="checkbox"/> 40,00/person	No of persons <input type="checkbox"/>
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Please note that the conference banquet will be held on Saturday evening July 5 2008, at a traditional seafood restaurant on Thessaloniki's seafont. If you wish to attend the banquet please check in the following box: YES ☐ NO ☐

### Cancellation Policy:

Cancellations after April 30 2008, no refunds apply.

### Payment

<input type="checkbox"/> Bank Transfer Please note that it is essential to fill in your full name in the Bank Transfer. Bank: Alpha Bank Address: 2, Pavlou Mela str, 54621Thessaloniki, Greece IBAN code: GR96014070707002002006256 BIC code: CRBAGRAA Account No: 707 - 00 - 200200 - 6256 Beneficiary: Diastasi Travel Agency	<b>Total Euros</b> <input type="text"/> _____,00  <input type="checkbox"/> Credit Card  Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>  Card Number: _____ Exp. Date (MM/YY): _____ CCV 2 _____ Cardholder Name _____
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A copy of the transfer is also needed along with the copy of the registration form duly filled in, to proceed to the confirmation of your registration.

### Signature:

### Date: