



PARTICIPATION FORM No. 7

Travel Form

FIRST(GIVEN) NAME (Mr, Ms, Mrs.):
SURNAME (OR FAMILY NAME):
EMAIL:

Please find bellow details of my trip to Samos

By Plane:

BY OA or AEGEAN or OTHER (Destination:PYTHAGORION)

a. Date of arrival:	a. date of departure:
b. Flight number:	b. Flight number:
c. Time of arrival:	c. Time of departure:

By Boat

a. Date of arrival in SAMOS
b. Date of departure from SAMOS

1. The participants should arrange travel details themselves and make sure they book their transportation in time.
2. The Travel Form should be completed by everyone taking part or attending the Conference who has previously submitted the Participation Forms. We are obliged to request that Participants complete the above form so that they may be assisted upon arrival in Samos. Our aim is to avoid unnecessary loss of time and to supply everyone with the information needed so that his or her stay in Samos may be a pleasant one.
3. The Form may be sent in a PDF format by E-mail to: Secretariat@iagp.gr

DATE:

SIGNATURE: