

WINE 2006 REGISTRATION FORM

WINE 2006: 2nd Workshop on Internet & Network Economics

December 15–17 2006, Patra -- GREECE

Email: wine2006@cti.gr. URL: <http://wine2006.cti.gr/>

"Conference Secretariat"

Research Academic Computer Technology Institute (RA CTI)

N. Kazantzaki str., 265 000 Patras, Greece

Fax.: +30-2610-960490, **Tel.:** +30-2610-960200, **Email:** stamatop@cti.gr

Attn: Ms. Aggeliki Stamatopoulou

Please note the following:

- Payment of regular registrations must be received until **November 13th 2006**
- Payment of late registrations must be received until **December 11th 2006**
- Registration forms without payment will not proceed
- For questions please email us at stamatop@cti.gr, or call +302610960200

Personal Data

Last Name:		First Name:		Title:	
University/Organization:					
Faculty/School/Department:					
Street:			Email:		
City:			Phone:		
Postal code:			Country:		
Preferred Name for Conference Name Tag:					
Are you presenting a paper at WINE 2006? <input type="checkbox"/> YES <input type="checkbox"/> No			Paper ID:		

PAYMENT OF WINE 2006 FEES & SOCIAL PROGRAM

Please complete and fax this form to WINE2006 Secretariat

Attn.: Ms Aggeliki Stamatopoulou (EMAIL: stamatop@cti.gr, VOICE: +30 2610 960200)

FAX NUMBER: +30 2610 960490

WINE 2006 Registration Form

Registration Payment

Full registration fee includes: Attendance to all WINE 2006 sessions, one copy of the proceedings, and a conference bag, daily lunches and teas/coffees, conference welcome reception and banquet, and a wine testing event.

		<input type="checkbox"/> Regular	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse (for banquet)
<input type="checkbox"/>	Regular Registration (until Nov. 13 2006)	Euro ...300...	Euro ...200...	Euro ...40...
<input type="checkbox"/>	Late Registration (until Dec. 11 2006)	Euro ...350...	Euro ...200...	Euro ...40...
<input type="checkbox"/>	On-Site Registration	Euro ...400...	Euro ...250...	Euro ...40...
Total cost				

Student registrants must have an academic advisor sign the following statement:

<p>The person named on this form is a full – time student.</p> <p>Faculty name (print): _____</p> <p>Affiliation: _____</p> <p>Signature: _____ Date: _____</p>

Method of Payment will be made by one of the following ways:

- **By Credit Card:**

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Cardholder's Name																	
Expiry Date			Card Number																	
CVV (card security code, last 3 digits of the number at the rear of the credit card)																				

Card Holder's Signature _____ Date: _____

- **By Bank Transfer to the account:**

Account Name: Research Academic Computer Technology Institute
Bank Name: Peraeus Bank, Branch of Patras (Asklipiou)
Bank Account IBAN: GR84 0172 5070 0055 0700 7702 804
 (please include copy of Bank Transfer order)

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