

REGISTRATION FORM

Conference participation fee 90€ (incl. VAT) | American-Hellenic Chamber of Commerce Members 70€ (incl. VAT)

PERSONAL INFORMATION

Last Name:

First Name:

Job Title:

Company:

Telephone:

Fax:

E-mail:

AMCHAM MEMBER

INVOICE INFORMATION

Company:

Address:

Telephone

VAT NR:

Tax Office:

Contact Person:

PAYMENT METHODS

1. By deposit at the Chamber's account to Alpha Bank

IBAN Number: GR58 0140 2060 2060 0232 0000 243, Beneficiary: American-Hellenic Chamber of Commerce

IMPORTANT: Please inform us that you have made the deposit by sending us a copy of the bank receipt by fax

3. By credit card (AMEX, VISA, MASTERCARD)

Please charge my credit card

AMEX

VISA

MASTERCARD

Card Number:

3 Digit Card Security Code (CVV):

Cardholder's Name:

Expiration Date:

Please return the completed form

Mrs. Sofia Chaidogiannou, Email: s.xaidogiannou@amcham.gr, Fax: 210 6985686

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