



YPERIA 2017
25 - 30 October 2017

PARTICIPATION FORM

15th INTERNATIONAL CONVENTION – YPERIA 2017

25/10/2017 – 30/10/2017

Please send us your application by September 1st 2017

AEGIALIS HOTEL & SPA – Aegiali – 84008 Amorgos – Cyclades – Greece

or by e-mail to: info@yperia.gr

or by fax to: +30 22850 73395

Applicant Information

| | | | |
|-------------|-----------------------------|-----------------------------|----------------------|
| Prefix | <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | |
| First Name | <input type="text"/> | | |
| Last Name | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| City | <input type="text"/> | | |
| Postal Code | <input type="text"/> | Country | <input type="text"/> |
| Phone | <input type="text"/> | Mobile Phone | <input type="text"/> |
| Fax | <input type="text"/> | E-mail | <input type="text"/> |

Trip & Stay Details

* Would you like us to book your ferry tickets with 30% discount? YES - NO

* Single Room _____ Double Room _____

To confirm your participation, please provide us with your credit card information in order to deduct the amount of 350 Euros for participation with accommodation in shared double room. For single room occupancy, there is a supplement of 100 Euros.

Ferry ticket amount will only be deducted if you want us to make the reservation for you.

Date _____

SIGNATURE: