

Registration Form

To register please fill out the application and send it to our email address kinitrokaikinisi@gmail.com. We will contact you within 3 days to confirm your registration.

For the successful completion of your registration please submit your 180€ enrollment deposit (advance payment) by **July 30, 2017**.

The deposit of the remaining 200€ of the registration fee should be made by **September 30, 2017**.

PERSONAL INFORMETION

NAME		LAST NAME	
PROFESSION		COMPANY/ ORGANIZATION	
ADDRESS		CITY	
POSTCODE		EMAIL	
PHONE		FAX	

MEANS OF PAYMENT

Bank account deposit:

IBAN: GR4301720320005032070440145

Account number: 5032/070440/145

Beneficiary: Kinitro kai Kinisi

To issue an invoice or receipt, please complete the following information:

COMPANY NAME	
PROFESSION	
ADDRESS	
ΑΦΜ	
ΔΟΥ	

- In case of cancellation by Kinitro kai Kinisi the full amount will be refunded.
- In case of cancellation of your own liability the full amount will be refunded only if the cancellation is notified by email by **September 15, 2017**.

Date

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