

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210-9956955, +30210-7277545,+ 30210-7277548

FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

**20th INTERNATIONAL CONFERENCE OF PHILOSOPHY
ON THE TOPIC
GREEK PHILOSOPHY AND ITS RELEVANCE TO ISSUES OF OUR AGE**

PARTICIPATION FORM No. 1

(To be submitted by 30th December 2007 or 30th January 2008)

FIRST NAME:.....

SURNAME (Mr., Mrs., Ms):.....

TITLE (Prof., Dr., M. Phil., M.A.) :.....

POSITION OR OCCUPATION :.....

INSTITUTION (TEACHING OR RESEARCH) :.....

ADDRESS:

WORK:

HOME :

TELEPHONE:

WORK:.....FAX.....

HOME :..... FAX:.....

E. MAIL :

HOME :

WORK :

I WISH TO TAKE PART IN THE CONFERENCE

a. AS A SPEAKER

TITLE OF PAPER:.....

.....

b. AS AN ACCOMPANYING PERSON

c. AS A PERSON ATTENDING THE CONFERENCE

DATE:.....

SIGNATURE:.....

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210-9956955, +30210-7277545,+ 30210-7277548

FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 1A

(For Invited Speakers only)

(To be submitted by 30th December 2007 or 30th January 2008)

FIRST NAME:.....

SURNAME (Mr., Mrs., Ms):.....

TITLE (Prof., Dr., M. Phil., M.A.) :.....

POSITION OR OCCUPATION :.....

INSTITUTION (TEACHING OR RESEARCH) :.....

ADDRESS:

WORK:

HOME :

TELEPHONE:

WORK:.....FAX.....

HOME :..... FAX:.....

E. MAIL :

HOME :

WORK :

I WISH TO TAKE PART IN THE CONFERENCE AS AN INVITED SPEAKER

TITLE OF PAPER:.....

.....

.....

DATE:.....

SIGNATURE:.....

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210-9956955, +30210-7277545,+ 30210-7277548

FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 2
(To be submitted by 29th February 2008)

NAME :

ADDRESS :

.....

TELEPHONE :

HOME FAX:

WORK FAX:

E. MAIL :

WORK HOME

I am sending the text of the Abstract of my Paper

DATE :

SIGNATURE :

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 3

(To be submitted by the 30th April 2008 or earlier)

NAME :

ADDRESS :

TELEPHONE :

HOME FAX:

WORK FAX:

E. MAIL :

WORK HOME

I have already submitted PARTICIPATION FORMS No 1, No 2 and the Abstract of my Paper.

1. I enclose a [non refundable] deposit as payment for participation in the Conference as a Participant:

a. Before 1st of May 2008: 100.00 euros. b. After 1st of May 2008: 120.00 euros

2. I enclose a [non refundable] deposit for participation as accompanying or attending person:

a. Before 1st of May 2008: 80.00 euros. b. After 1st of May 2008: 100.00 euros

3. I enclose a [non refundable] deposit for participation as a student or post-graduate student:

a. Before 1st of May 2008: 80.00 euros. b. After 1st of May 2008: 100.00 euros

4. I enclose a [non refundable] deposit for participation as a secondary school student:

a. Before 1st of May 2008: 60.00 euros. b. After 1st of May 2008: 80.00 euros.

I. Participants may also pay the equivalent amount in dollars. Cheques or orders in euros or in dollars should be on the name of K. Boudouris and drawn correspondingly on a European Bank or a US Bank.

II. Participants who remit their payment through Bank account should send a copy of their receipt (by Fax or e-mail as PDF) together with the present form completed to the Conference Secretariat.

Bank charges for remittance must be paid by the participant

a. Orders and cheques should be made payable to:

20th ICOP- K. Boudouris

5 Simonidou Str.,

174 56 Alimos

GREECE

b. Bank account payments for participation fees should be made to the following

account number:{National Bank of Greece, K. Boudouris-20th ICOP, BANK-BRANCH:

151/622563-23. IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA }.

DATE : SIGNATURE :

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE

TEL: +30210-9956955, +30210-7277545,+ 30210-7277548

FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

**20th INTERNATIONAL CONFERENCE OF PHILOSOPHY
FORM No. 4**

(To be submitted by 30 December 2007)

NAME :
ADDRESS :
TELEPHONE :
FAX :
E-MAIL.....

a. I list below the names of scholars working in the field that I think would be interested in receiving the First Circular and in attending the Conference or presenting a paper:

b. I wish to propose the following persons for the *Honorary Academic Committee* of the 20th INTERNATIONAL CONFERENCE OF PHILOSOPHY.

a. NAME :
TITLE :
POSITION or OCCUPATION :
.....
INSTITUTION (TEACHING or RESEARCH) :
.....
ADDRESS :
TELEPHONE :
FAX :
E-MAIL.....

b. NAME :
TITLE :
POSITION or OCCUPATION :
.....
INSTITUTION (TEACHING or RESEARCH) :
.....
ADDRESS :
TELEPHONE :
FAX :
E-MAIL.....

DATE :

SIGNATURE :

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No.5

GUIDELINES FOR WRITING THE ABSTRACT OR THE PAPER

1. Name (block letters) to be written top left.
2. Title of Paper (block letters) to be centered.
3. Text follows.
4. Name, title, position, institution (block letters) to be written at end, bottom right (following text, bibliography and notes).
5. Bibliography to come immediately after the main text of the Paper.
6. References and notes accompanying the text to be marked using continuous numbering and written on separate sheets numbered as a continuation of the pages of text (and notes).
7. Capitals to be used only when required by the rules of grammar.
8. Titles of books and periodicals must be printed *in italics*.
9. Titles of articles in periodicals or in collective volumes to be placed in inverted commas.
10. Abstract or Paper to be written on Personal Computer (**preferably Apple**) on 3.5 diskette and on MS Word 2000 and up with fonts Times New Roman. The diskette should be sent together with a printed copy of the Abstract or the Paper by post to the Secretariat. Alternatively the Abstract can be sent by e-mail as attachment as Word document and in PDF format.

EXAMPLE

THOMAS M. ROBINSON

THE PYTHAGOREAN WAY OF LIFE

Text

.....

.....

.....

.....

.....

.....

.....

T. M. ROBINSON
PROFESSOR OF PHILOSOPHY
DEPARTMENT OF PHILOSOPHY
UNIVERSITY OF TORONTO

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE
TEL: +30210-9956955, +30210-7277545,+ 30210-7277548
FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No.6 {BOOK EXHIBITION}

I am sending you these books of mine in order that they may be displayed and sold at the BOOK EXHIBITION during the course of the **20th INTERNATIONAL CONFERENCE OF PHILOSOPHY .**

(Books should be sent to the Secretary of the IAGP).

AUTHOR:.....

1.BOOK TITLE:.....

No OF COPIES:

PRICE IN USA DOLLAR OR EURO:.....

DISCOUNT:.....

2.BOOK TITLE:.....

No OF COPIES:

PRICE IN USA DOLLAR OR EURO:.....

3.BOOK TITLE:.....

No OF COPIES:

PRICE IN USA DOLLAR OR EURO:.....

4.BOOK TITLE:.....

No OF COPIES:

PRICE IN USA DOLLAR OR EURO:.....

DATE:.....

SIGNATURE:.....

INTERNATIONAL ASSOCIATION FOR GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS- GREECE
TEL: +30210-9956955, +30210-7277545,+ 30210-7277548
FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

TRAVEL FORM No. 7

(To be submitted to the Organising Committee by 15th JUNE 2008)

NAME :.....

TITLE - POSITION : :.....

ADDRESS : :.....

TELEPHONE :.....FAX OR E-MAIL:.....

Please find bellow details of my trip to CHANIA:

1. BY O.A. OR OTHER

a. date of arrival (CHANIA): :..... a. date of departure:

b. flight number :b. flight number :

c. time of arrival : c. time of departure:

2. By CHARTER FLIGHT

a. date of arrival (CHANIA): :..... a. date of departure:

b. flight number :b. flight number :

c. time of arrival : c. time of departure:

3. BY BOAT

a. Date of arrival in **CHANIA-SOUDA**.....

b. Date of departure from **CHANIA-SOUDA**

Date.....Signature.....

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.

3. The Form may be sent by ordinary mail, or by Fax, or by E-mail in a PDF format.

NEW FORM

INTERNATIONAL ASSOCIATION OF GREEK PHILOSOPHY
5, SIMONIDOU STR., 174 56 ALIMOS – GREECE

TEL: +30210-9956955, +30210-7277545,+30210-7277548FAX: +30210-9923281, +30210-7248979

Website: <http://www.hri.org/iagp>, <http://www.iagp.gr> E-mail: kboud714@ppp.uoa.gr

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

ACCOMMODATION FORM No. 8

NAME :

TITLE - POSITION :

ADDRESS :

TELEPHONE :.....FAX:

THE PARTICIPANTS WHO DO NOT WANT TO STAY IN PORTO PLATANIAS BEACH RESORT should contact **MIBS Travel** Agency (14 Xenophontos Street, 10557 Athens, Greece). For their convenience, the Conference is registered with **MIBS Travel** Agency for all travel services including hotel accommodation, tickets, transfers etc. For information regarding the hotels availability and the rates please visit the agent's website <http://www.mibsconventions.gr>. For more information please contact Mrs. Maria Panteli at the phone: +30 210 3221270, +30 2103238346, fax: +30 2103222456 e-mail: info@mibsconventions.gr. As July is peak season for Cretan hotels, please book your hotel early enough in order to get the best option in terms of hotel category and rates.

I have submitted application forms no 1, 2 & 3 and paid the conference fee to the Organising Committee.

I wish to book a room..... (1, 2, 3 beds)

a) in a hotel.....(1st or 2nd class)

b) in a pension.....(1st or 2nd class)

c) in a rented room:

and for the following nights (mark with X) :

10, 11, 12 , 13 , 14 , 15 , 16 , 17 , 18 , 19 , 20 , 21, 22, 23

Participants who arrange their own accommodation are requested to send the Travel Form together with the address of their hotel to the Secretariat of the Conference Organising Committee.

Date:.....Signature :.....

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

ACCOMMODATION FORM No. 9 (IN PORTO PLATANIAS BEACH RESORT)

NAME :

TITLE - POSITION :

ADDRESS :

TELEPHONE :FAX:

I have submitted application forms no 1, 2 & 3 and paid the conference fee

I wish to book a room..... (1, 2, 3 beds)
IN PORTO PLATANIAS BEACH RESORT and for the following nights (mark with X) :

10, 11, 12, 13, 14, 15, 16 , 17 , 18 , 19 , 20 , 21 , 22 , 23 ,

a. I send you a cheque of 200 Euros on the name of K. Boudouris
(drawn on a European Bank) as a deposit for accommodation
(which is non-refundable).

a. Payments for accommodation can be made by cheque or bank order in Euros. Cheques or orders in euros or in dollars should be on the name of K. Boudouris and drawn correspondingly on a European Bank or a US Bank. So, orders and cheques should be made payable to: 20th ICOP- K. Boudouris, 5 Simonidou Str.,174 56 Alimos, GREECE.

b. Bank account payments for accommodation deposit should be made to the following account number:{ National Bank of Greece, K. Boudouris-20th ICOP, BANK-BRANCH: 151/622563-23. IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA }. Bank charges for remittance must be paid by the participant.

The accommodation form and the bank extract for the deposit can be sent to the Secretariat of the Conference by post or fax (+30210-9923281) or by e-mail: (kboud714@ppp.uoa.gr) as PDF format.

PRICES IN PORTO PLATANIAS BEACH RESORT

THE CONFERENCE WILL TAKE PLACE PORTO PLATANIAS BEACH RESORT WHICH IS A FIVE STARS LUXURY HOTEL. THERE IS ONLY A LIMITED NUMBER OF ROOMS AVAILABLE FOR THE CONFERENCE IN PORTO PLATANIAS BEACH RESORT DUE TO THE HIGH SEASON'S DEMAND. THE ROOM AND MEAL PRICES FOR CONFERENCE PARTICIPANTS IN JULY 2008 ARE AS FOLLOWS:

- a) Single room--- Garden view or swimming pool view (on B+B base): 95.00 Euros
- b) Double room- Garden view or swimming pool view (on B+B base): 120.00 Euros
- c) Double room—Sea view (on B+B base): 140.00 Euros
- d) DINNER for Conference participants: 20.00 Euros per person

ΗΜΕΡΟΜΗΝΙΑ:.....

ΥΠΟΓΡΑΦΗ:.....

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 10

(To be submitted to the Organising Committee by 15th JUNE 2008)

**CONFERENCE BEACH PARTY
(OR A GREEK EVENING ENTERTAINMENT)**

(Participation Fee for each person: 20 Euros)

NAME :
ADDRESS :
TELEPHONE :
FAX :
E-MAIL.....
MOBILE PHONE.....
PERSONS:.....

a. I send you a cheque of 20 Euros on the name of K. Boudouris
(drawn on a European Bank) as fees for participating in conference beach party.

b. I pay the fees for participating in conference beach party through the
indicated Bank account. **Bank account payments for the above services
should be made to the following account number:**
{ National Bank of Greece, K.Boudouris-20th ICOP, BANK-BRANCH: 151/622563-23.
IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA }.
Bank charges for remittance must be paid by the participant.

The beach party form No.9 and the bank extract for the relevant fees should
be sent to the Secretariat of the Conference by post or fax (+30210-9923281)
or by e-mail: kboud714@ppp.uoa.gr as PDF format.

DATE :

SIGNATURE:.....

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 11

(To be submitted to the Organising Committee by 15th JUNE 2008)

CONFERENCE GALA DINNER

(40 EUROS PER PERSON)

NAME :

ADDRESS :

TELEPHONE :

FAX :

E-MAIL.....

MOBILE PHONE.....

PERSONS:.....

a. I send you a cheque of 40 Euros on the name of K. Boudouris
(drawn on a European Bank) as fees for participating in conference GALA DINNER.

b. I pay the fees for participating in conference GALA DINNER through the indicated Bank account. **Bank account payments for the above services should be made to the following account number:**
{National Bank of Greece, K.Boudouris-20th ICOP, BANK-BRANCH: 151/622563-23.
IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA }.
The Gala dinner Form no. 10 and the bank extract of the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210-9923281) or by e-mail: kboud714@ppp.uoa.gr) as PDF format.

DATE :

SIGNATURE:.....

20th INTERNATIONAL CONFERENCE OF PHILOSOPHY
FORM No. 12
ONE DAY EXCURSION
(To be submitted to the Organising Committee by 15 JUNE 2008)

(Participation Fee for each person: 25 Euros)

1. Excursion takes a full day.
2. Departure from PORTO PLATANIAS BEACH RESORT 8.30. Return to Hotel at 19.00.
3. It will include visits to ARCHAEOLOGICAL SITES AND OTHER WORTH VISITING PLACES IN CRETE and a stop for lunch and swimming (participants should remember to bring along their swimming gears).
4. Those wishing to go on excursion are kindly requested to complete the Form and send it to the Secretariat of the Conference by 15 June 2008.

PARTICIPATION FORM No 12

ONE DAY EXCURSION

NAME AND SURNAME:.....
ADDRESS:.....
NUMBER OF PERSONS:.....
DATE:.....
SIGNATURE:.....

a. I send you a cheque of 25 Euros on the name of K. Boudouris
(drawn on a European Bank) as fees for participating in the Excursion.

b. I pay the fees for participating in the Excursion through the indicated
Bank account. Bank account payments for the above services should be
made to the following account number:
{National Bank of Greece, K. Boudouris-20th ICOP, BANK-BRANCH: 151/622563-23.
IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA
The participation form no 11 and the bank extract of the relevant fees should be sent
to the Secretariat of the Conference by post or fax (+30210-9923281) or by e-mail:
kboud714@ppp.uoa.gr) in PDF format.