

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

24th INTERNATIONAL CONFERENCE OF PHILOSOPHY
PARTICIPATION FORM No. 1

(To be submitted by 29th February 2012 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., MPhil., MA, BA,
Student):

POSITION OR OCCUPATION:

INSTITUTION (TEACHING OR
RESEARCH):

ADDRESS -WORK:

ADDRESS -HOME:

TELEPHONE -WORK:

TELEPHONE -HOME:

MOBILE:

FAX -WORK:

FAX -HOME:

E-MAIL -WORK:

E-MAIL -HOME:

I WOULD LIKE TO PARTICIPATE IN THE 24th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS : (please indicate with "X")

SPEAKER

ACCOMPANYING PERSON

PERSON ATTENDING THE CONFERENCE WITHOUT A PAPER

UNDERGRADUATE STUDENT

POSTGRADUATE STUDENT

TITLE

OF PAPER:

.....

DATE:

SIGNATURE:

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 1A – FOR INVITED SPEAKERS

(To be submitted by 29th February 2012 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., MPhil., MA, BA, Student):

POSITION OR OCCUPATION:

INSTITUTION (TEACHING OR RESEARCH):

ADDRESS -WORK:

ADDRESS -HOME:

TELEPHONE -WORK:

TELEPHONE-HOME:

MOBILE:

FAX -WORK:

FAX -HOME:

E-MAIL -WORK:

E-MAIL-HOME:

I WOULD LIKE TO PARTICIPATE IN THE 24th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS INVITED SPEAKER

TITLE OF PAPER:

.....
.....
.....

DATE:

SIGNATURE:

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 2

(To be submitted by 29th February 2012 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

MIDDLE OR OTHER NAMES:

SURNAME (OR FAMILY NAME):

ADDRESS :

E-MAIL :

I am sending the text of the Abstract of my Paper

DATE:

SIGNATURE:

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 3

(To be submitted by 30th of April 2012 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

E-MAIL :

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 :

a. Before 1st of May 2012: 100.00 euros. b. After 1st of May 2012: 120.00 euros

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

a. Before 1st of May 2012: 80.00 euros. b. After 1st of May 2012: 100.00 euros

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

a. Before 1st of May 2012: 50.00 euros. b. After 1st of May 2012: 60.00 euros

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

a. Before 1st of May 2012: 40.00 euros. b. After 1st of May 2012: 50.00 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 by e-mail as PDF document) together with the present form completed to the Conference Secretariat.

a. Orders and cheques should be made payable to: 24th ICOP- Konstantinos 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, 24th ICOP- Konstantinos Boudouris, BANK-BRANCH:

151/622563-23. IBAN ACCOUNT: GR 150110151000015162256323, Swift Code (BIC): ETHNGRAA }.

All Bank charges for remittance must be paid by the participant.

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 4

(To be submitted by 30th January 2012 or earlier)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

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 24th INTERNATIONAL CONFERENCE OF PHILOSOPHY:

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

TELEPHONE :

MOBILE:

E-MAIL :

DATE: SIGNATURE:

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 5: BOOK EXHIBITION

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.):

ADDRESS -HOME:

E-MAIL :

I am sending these books of mine in order that they may be displayed and sold at the BOOK EXHIBITION during the course of the **24th International Conference of Philosophy**

AUTHOR:

BOOK TITLE:

NUMBER OF COPIES:

PRICE IN EURO OR DOLLAR:

DISCOUNT:

AUTHOR:

BOOK TITLE:

NUMBER OF COPIES:

PRICE IN EURO OR DOLLAR:

DISCOUNT:

(Books should be sent in July 2012 directly to: IAGP Headquarters, 2 Aristarchou Street, 83103 Pythagorion, Samos, Greece or brought by the author himself (herself) and given to the Secretary of the IAGP at Conference venue).

DATE: **SIGNATURE:**

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TRAVEL FORM No. 6

(To be submitted to the Organising Committee by 30th JUNE 2012 or earlier)

NAME :.....

TITLE - POSITION : :.....

ADDRESS : :.....

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

Please find below details of my trip to SAMOS:

1. BY O.A. OR OTHER

a. date of arrival (Pythagorion--SAMOS): :..... 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 (Pythagorion SAMOS): :..... 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 SAMOS (VATHI).....

b. Date of departure from SAMOS(VATHI).....

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. We are obliged to request that Participants complete the above form so that they may be assisted upon arrival in Samos. Our aim is to avoid unnecessary loss of time and to supply everyone with the information needed so that his or her stay in Samos may be a pleasant one.

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

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ACCOMMODATION FORM No. 7 –DORYSSA SEASIDE RESORT (CONFERENCE VENUE HOTEL)

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr.,etc):

E-MAIL :

I have submitted application forms No. 1, 2 & 3 and paid the conference fee to the Organising Committee. I paid the amount of 200 Euros net for accommodation deposit .

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

With (sea view, side sea view , garden view) at DORYSA SEASIDE RESORT. Please mark with X the nights of stay :

10, 11,12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

1.The prices for Conference participants at DORYSA SEASIDE RESORT (B&B) are as follows:

- a. Hotel classic garden view-single: 105 €, Hotel classic garden view-double: 120 €
- b. Hotel classic side sea view- single: 115 €, Hotel classic side sea view: double: 130 €
- c. Hotel classic sea view-**only double**: 145 €
- d. village classic garden view-single: 120 €, village classic garden view- double:135€
- e. Cost of a lunch or dinner meal: 20.00 euros per person.

2. Please note that the above prices for conference participants are also valid for a period of 3-6 days before and after the Conference. Participants who arrange their own accommodation are requested to send the Travel Form together with their Hotel Accommodation Form to the Secretariat of the Conference Organising Committee.

3. Payments for accommodation can be made by cheque or bank order (or e-banking) 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: 24th ICOP-K. Boudouris, 5 Simonidou Str.,174 56 Alimos, GREECE.

Bank account payments for accommodation deposit should be made to the following account number :

{National Bank of Greece, Konstantinos Boudouris-24th ICOP, BANK-BRANCH:

151/622563-23. IBAN ACCOUNT: GR 150110151000015162256323, Swift Code (BIC): ETHNGRAA}.

All 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 (+30 2109923281) or by e-mail: kboud714@ppp.uoa.gr as PDF format.

DATE: SIGNATURE:

24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

ACCOMMODATION FORM No. 8

FIRST NAME (Mr., Mrs., Ms.):

SURNAME :

TITLE (Prof., Dr.,etc):

E-MAIL :

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

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) :

12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30

1. I send you a cheque of 200 Euros as a deposit for accommodation.

a. Payments for accommodation can be made by cheque or bank order(or e-banking) 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: 24th 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, Konstantinos Boudouris-24th ICOP, BANK-BRANCH:

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

All Bank charges for remittance must be paid by the participant.

2. The accommodation form and the bank extract for the deposit can be sent to the Secretariat of the Conference by post or fax (+30 2109923281) or as attachment to e-mail: kboud714@ppp.uoa.gr in PDF format.

INFORMATION CONCERNING ACCOMMODATION IN THE TOWN OF PYTHAGORION

1. Anyone intending to attend or participate in the Conference must be sure to secure his or her accommodation in advance as it will be impossible to find accommodation at the last minute, because of the great demand during the tourist season. It should be noted that the Travel Agencies operating in Samos book the rooms up to two years in advance. The Organising Committee can undertake no responsibility in the case of people seeking rooms at the last minute. All participants requiring the assistance of the Organising Committee in order to secure accommodation must submit the **Accommodation Form together with the deposit.**

2. The prices of rooms differ considerably. All rooms are with bath or shower and some hotels have air-conditioning and swimming pools. **Participants are advised to equip themselves with an insect-repellent apparatus to deal with mosquitoes should they eventually arise.**

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

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 9

CONFERENCE GREEK EVENING ENTERTAINMENT

FIRST (GIVEN) NAME (Mr., Mrs., Ms.):

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

PERSONS:

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

b. I pay the fees for participating in Conference Greek Evening through the indicated Bank account. **Bank account payments for the above services should be made to the following account number:**

{National Bank of Greece, Konstantinos Boudouris-24th ICOP, BANK-BRANCH: 151/622563-23.
IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC):ETHNGRAA }

All Bank charges for remittance must be paid by the participant.

The 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 document.

DATE: **SIGNATURE:**

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24th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 10: CONFERENCE EXCURSION

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

SURNAME:

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

NUMBER OF 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 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, Konstantinos Boudouris-24th ICOP, BANK-BRANCH: 151/622563-23. IBAN ACCOUNT: GR 1501101510000015162256323, Swift Code (BIC): ETHNGRAA}.

The participation 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 in PDF format.

All Bank charges for remittance must be paid by the participant.

DATE:

SIGNATURE: