

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

26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 1

(To be submitted by 28th February 2014 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):

NATIONALITY:

PASSPORT NUMBER:

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 26th 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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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 1A – for Invited Speakers

(To be submitted by 28th February 2014 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):

NATIONALITY:

PASSPORT NUMBER:

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 26th INTERNATIONAL CONFERENCE OF PHILOSOPHY AS INVITED SPEAKER

TITLE OF PAPER:

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

DATE:

SIGNATURE:

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 2

(To be submitted by 28th February 2014 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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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

PARTICIPATION FORM No. 3

(To be submitted by 30th of April 2014 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 2014: 100.00 euros. b. After 1st of May 2014: 120.00 euros

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

a. Before 1st of May 2014: 80.00 euros. b. After 1st of May 2014: 100.00 euros

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

a. Before 1st of May 2014: 50.00 euros. b. After 1st of May 2014: 70.00 euros

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

a. Before 1st of May 2014: 50.00 euros. b. After 1st of May 2014: 60.00 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.

a. Orders and cheques should be made payable to: 26th ICOP- IAGP, 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, IAGP-26th ICOP, BANK-BRANCH: 151/296017-69. IBAN ACCOUNT: GR090110151000015129601769, Swift Code (BIC): ETHNGRAA }.

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

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY
FORM No. 4

(To be submitted by 30th January 2014 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 26th 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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26th 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 **26th 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 brought by the author herself/himself and given to the Secretary of the IAGP at Conference venue).

DATE:

SIGNATURE:

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 6 TRAVEL FORM

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

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

Please find bellow details of my trip to Athens:

a. date of arrival :

b. flight number :

c. time of arrival:

a. date of departure:

b. flight number:

c. time of departure:

*** Conference participants arriving at Athens International Airport “Elefterios Venizelos” can get to Amarilia Hotel {Vouliagmeni-Cavouri area, Saint Nicholas Street No 13,11671 Vouliagmeni, tel 210-8990391} either by taxi (the distance is 19 kilometers) or by bus {Bus Number: X96- from “Elefterios Venizelos” to Piraeus}. The X96 bus departs from the arrival level {exits 4 and 5}. The nearest stop to Amarilia Hotel is called “Pigadakia” (the distance from Pigadakia to Hotel Amarilia is 800 meters, that is approximately 6-10 minutes walk).

DATE:

SIGNATURE:

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY
ACCOMMODATION FORM No. 7 - AMARILIA 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 by bank order.

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

With a full sea view or side-sea view or pool view at Amarilia Hotel:

Please mark with X the nights of stay:

10 , 11 , 1 2 , 13 , 14 , 15 , 16 , 1 7 , 18 , 19 , 20 , 21 , 2 2 , 23 , 24 , 25 , 26

1. a. Payments for accommodation deposit 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: 26th 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, IAGP-26th ICOP, BANK-BRANCH: 151/296017-69. IBAN ACCOUNT: GR0901101510000015129601769, 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.

2.The prices for the conference participants at **Amarilia Hotel** are as follows:

- a. Classic Single room(B+B): pool view (70 euros), sea-side view (78 euros), superior full sea view (95 euros)
- b. Classic Double room (B+B):pool view (80 euros), sea-side view (88 euros), superior full sea view (105 euros)
- c. Three beds room (B+B): classic pool view (88 euros), classic sea-side view (98 euros)

*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.

DATE:

SIGNATURE:

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 8:

CONFERENCE BEACH PARTY (OR A 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 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, IAGP-26th ICOP, BANK-BRANCH: 151/296017-69. IBAN ACCOUNT: GR0901101510000015129601769, Swift Code (BIC):ETHNGRAA}

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

The Beach Party Form No.8 and the bank receipt for the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210-9923281) or by e-mail attachment to: kboud714@ppp.uoa.gr as PDF format.

DATE:

SIGNATURE:

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26th INTERNATIONAL CONFERENCE OF PHILOSOPHY

FORM No. 9: CONFERENCE GALA DINNER

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

SURNAME (OR FAMILY NAME):

TITLE (Prof., Dr., etc):

E-MAIL :

MOBILE:

PERSONS:

a. I send you a cheque of 30 Euros net 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, IAGP-26th ICOP, BANK-BRANCH: 151/296017-69. IBAN ACCOUNT:
GR0901101510000015129601769, Swift Code (BIC): ETHNGRAA }.

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

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

DATE:

SIGNATURE:

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26th 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 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, IAGP-20th ICOP, BANK-BRANCH: 151/296017-69. IBAN ACCOUNT: GR0901101510000015129601769, Swift Code (BIC): ETHNGRAA}.

The participation form No 10 and the bank receipt of the relevant fees should be sent to the Secretariat of the Conference by post or fax (+30210 9923281) or by e-mail attachment to: kboud714@ppp.uoa.gr in PDF format.

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

DATE:

SIGNATURE: