Registration Form

I wish to register for the 2nd ISACA Athens Chapter Conference 6-7 December 2012, Athens

Registration Fees:

| | Workshop & Conference 6-7 December | Conference 7 December | |
|---|---------------------------------------|--------------------------|--|
| Non-ISACA members | 220 🔲 | 70 🔲 | |
| OWASP members \square | 170 | 50 🗆 | |
| For more than 2 registrations of the same company | 190 | 60 🗆 | |
| Students (undergrads only) | 120 | 30 🔲 | |
| Collaborative institutions | 190 | 60 🗆 | |
| I wish to register this workshop for the 0,45 OAED-LAEK subsidy program \square | | | |

Only Conference fees are subject to VAT 23%.

Workshop is fully sponsored by the 0,45 OAED-LAEK subsidy program (for company-registrations only)

In order to quarantee a place on the conference, delegates are kindly requested to register at least 10 working days

| DEDCONAL DETAILS (Diagon maint of | on form to HAU fax nr. 210-3633174. | |
|--|--|-------|
| PERSONAL DETAILS (Please print clear | апу) | |
| Family Name | First Name | |
| Company | Position/Title | |
| Address | | |
| City | Postal Code | |
| Tel | Fax Email | |
| INVOICE DETAILS | | |
| Company Name | Area of Business | |
| Address | | |
| City | Postal Code | |
| Tel | Fax | |
| Tax Id. Nr. | Tax Registration Office | |
| Signature/company seal | Date | |
| DAVMENT DETAILS | | |
| PAYMENT DETAILS | | |
| Payments are made to the Hellenic Americ For bank deposit/transfer information number which you will receive once you ha | an Union: by cheque made payable to Hellenic American Union or bank on please contact the Hellenic American Union. Please always quote the involve registered, or alternatively please quote your company's name or the second American Union. | |
| Payments are made to the Hellenic Americ For bank deposit/transfer information number which you will receive once you ha | n please contact the Hellenic American Union. Please always quote the in ave registered, or alternatively please quote your company's name or the | |
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| Payments are made to the Hellenic America For bank deposit/transfer information number which you will receive once you had delegates name in the transfer instructions Payment Method Please invoice my company Cheque Bank Deposit/Trans Cancellation Policy | n please contact the Hellenic American Union. Please always quote the in ave registered, or alternatively please quote your company's name or the s. An invoice will be sent upon receipt of payment. | voice |

receive any further information, unless you instruct us otherwise.