



# ICCMSE 2023

ICCMSE 2023

## CONFERENCE REGISTRATION FORM

Galaxy Hotel Heraklion. 23-26 May 2023

Title  Mr  Mrs  Dr  Prof Surname  First Name

Address  City

Country  Postcode  State

Telephone  Mobile Ph  Email

**Name of Accompanying Person(s), if any:**

1) Title  Mr  Mrs  Dr  Prof Surname  First Name

2) Title  Mr  Mrs  Dr  Prof Surname  First Name

| Price Table                                                      |                                           |                                       |                                  |                                           |                                       |                                  |                            |
|------------------------------------------------------------------|-------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------------|---------------------------------------|----------------------------------|----------------------------|
|                                                                  | With publication in AIP Proceedings       |                                       |                                  | Without publication in AIP Proceedings    |                                       |                                  |                            |
|                                                                  | Normal Registration (Until 10 April 2023) | Late Registration (Until 10 May 2023) | Virtual Participation            | Normal Registration (Until 10 April 2023) | Late Registration (Until 10 May 2023) | Virtual Participation            | On Conference Registration |
| Students                                                         | € 360                                     | € 380                                 | €320 (per virtual presentation)* | €340                                      | €360                                  | €300 (per virtual presentation)* | €560                       |
| Participants from Developing Countries                           | € 410                                     | € 420                                 |                                  | €390                                      | €400                                  |                                  |                            |
| Participants from all over the World except Developing Countries | € 495                                     | € 520                                 |                                  | €475                                      | €500                                  |                                  |                            |

**TOTAL**

**\*For participants who will attend ICCMSE2023 conference virtually please note that the registration fee is 300 EUR per paper.**

### CANCELLATION POLICY FOR THE REGISTRATION

- Author registrations cannot be returned after 10 May 2023.
- A 60 Euro cancellation fee will be deducted from the registration fees.

- Substitution of one conference attendee for another will be accepted at any time, on the basis of information of the change via e-mail ([chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) ) (the submission to both addresses is requested).

#### Payments details

The payments will be done via REGALSCOPE LIMITED as is described below. In the case of Bank Transfer and in order the registration to be valid, the Bank Slip of the Bank Transfer is necessary. Your registration is not valid if the Bank of the Bank Transfer is not included (in the case of Bank Transfer).

## PAYMENT

**Please complete this section to guarantee your registration. We mention that without this guarantee your registration isn't recognized**

1) By Bank Transaction

Bank : Société Générale Bank Cyprus  
 Bank Address : 117, Ayias Fylaxeos Ave., 3087 Limassol, Cyprus  
 Account Number: 033 001 360 050642 01 4  
 IBAN Code : CY50 0120 0003 3001 3600 5064 2014  
 BIC: SOGECY2N  
 Under the Name of: REGALSCOPE LIMITED  
 (Beneficiary's Name)

**After payment of registration fees by Bank Transaction you have to send the receipt of the Bank slip for Bank Transfer with this form to the fax: +35726952052 (new fax nr.). THIS IS NECESSARY IN ORDER YOUR REGISTRATION TO BE VALID.**

For the payments with Bank Transfer via your organization, the VAT number is requested (for participants from European Union):

Address:  
 REGALSCOPE LTD  
 13, Tepeleniou street  
 Tepeleni court, 2nd floor  
 8010 Paphos – Cyprus  
 TIC: 12308996N  
 VAT: 10308996K

2) By Credit Card

Name of the Card Holder  Billing Address   
 Country  City  Post Code   
 Type of CreditCard  Credit Card Number  Expire Date  CVC Num.

Taxes and administration charges 4%. **Attention: American Express credit cards are not accepted**

**Important Notice :**

Date

Signature \_\_\_\_\_

### **Remarks on Registration**

- **For accompanying persons, please add 65 Euros for each additional seat in the Central Dinner.**

(\* ) For the students a confirmation signed by their supervisor is needed. This confirmation must be sent to the fax number: +35726952052 (new fax nr.) together with the information that the fees has been paid.

An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be sent. Important Notice: Failure to fax the above requested letter will render the registration incomplete.

(\*\* ) With the term developing country we mean any country except USA, Canada, EU and other Western European nations, Japan, Australia and New Zealand.

(\*\*\*) The extended abstracts of the cases (i), (ii), (iii) will be included in the Proceedings of ICCMSE 2023 (published in AIP (American Institute of Physics) Conference Proceedings).

**We note that our policy for the presentation of more than one papers is the following:**

- **For one paper (1): 1 registration fee**
- **For two papers (2): 1.5 registration fees**
- **For three papers (3): 2 registration fees**
- **For four papers (4): 3 registration fees**

**Please note that this policy does not refer to papers which will presented virtually.**

**The Conference doesn't permit the publication of more than 4 papers with the same author(s).**

\*For participants who will attend ICCMSE2023 conference virtually please note that the registration fee is 320 EUR per paper.

➤ **Email**

You can send the registration form via e-mail

**([chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org)).**

➤ **Fax**

If you do not wish to send the registration form on the net, you can use the text version of this form. You must send the text version via **fax**.

**Fax of the Secretary of ICCMSE 2023:**

**+35726952052 (new fax nr.)**

**Please indicate on your fax that it is for the attention of the ICCMSE 2023 organizers.**

**An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be sent.**

### **Registration will not be effective until :**

**(a) receipt of the Bank slip for Bank Transfer (Method 1) .**

After payment of registration fees an informal e-mail to the Secretary of ICCMSE at [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) should be sent and a copy of Bank slip should be send to

(i) the postal address of the Secretary of ICCMSE (Secretary of ICCMSE 2023 (Attn: Mrs. Eleni Ralli), 3, Tepeleniou street Tepeleni court, 2nd floor, 8010, Paphos, Cyprus)

and

(ii) the fax of the Secretary of ICCMSE 2023: **+35726952052 (new fax nr.)**

An informal email to [chairman@iccmse.org](mailto:chairman@iccmse.org) with a carbon copy to [secretary@iccmse.org](mailto:secretary@iccmse.org) must be send.

**(b) receipt of a message from us that your card has been charged effectively (Method 2).**

**(3) All payments must be "free of any charges for the payee", i.e. all bank charges have to be borne by the sender.**

**Receipt for your payment**

**If you request a receipt now (otherwise receipt will be issued at the conference) please note it here:**

**I have read all the above remarks and cancellation policies for the registration**

Date

Signature \_\_\_\_\_