



Booking Request

Surname			
First Name		Title	
Organisation			
Address			
Postal/Zip Code		Country	
Email address		Fax	
Contact Telephone No		Mobile	
Name: Accompanying Person (if applicable)			

Details for Name Badge & Conference Participant List – if different from above		
Name Badge	Name & Organisation	
Participant List	Name & Organisation	
Email address		

Booking Requirements **Bookings paid for prior to 14th Feb, 2008 qualify for our Early Bird Fees**

Residential Booking

Accommodation Type	Early Bird	Mark as Required	Standard Fee	Mark as Required
3 Days Fee	€750.00		€850.00	
2 Days Fee	€670.00		€770.00	
Student 3 Days Fee	€490.00		€550.00	
Accompanying person(3 days)	€190.00		€190.00	
Accompanying person(2 days)	€170.00		€170.00	

- All residential rates include full conference with lunch, refreshments and dinner on Monday 5th & Tuesday 6th May.
- 3 Day Fee includes 3 nights Bed & Breakfast in single room. (Sunday, Monday & Tuesday)
- 2 Day Fee includes 2 nights Bed & Breakfast. (Monday & Tuesday)
- For accompanying persons residential rates include sharing of a double room, conference lunches and dinners

Daily Delegate Booking

Type of Registration	Early Bird	Mark as Required	Standard Fee	Mark as Required
Monday	€180.00		€180.00	
Tuesday	€180.00		€180.00	

- Daily Delegate rates include full conference with lunch, refreshments and dinner on selected day.



Extra nights Request & Special Instructions

Requirements for extra nights (please indicate the hotel required, the dates required and the type of room)	
---	--

Details of costs & hotels available can be found at

<http://www.networkedlearningconference.org.uk/fees.htm>

The booking of extra nights declared above is subject to confirmation by the Conference Secretariat.

Payments for extra nights should NOT be included in the Payment Amount below, but will be made directly on site at the relevant hotel.

Special dietary requirements e.g. vegetarian	
--	--

Other special Instructions	
-----------------------------------	--

Payment Details

Surname	
----------------	--

Method of Payment:

Credit Card			
Type of card		Exact name on the card	
Card number			
ID validation number (The last 3 digits of the number that can be found on the back side of your credit card) :			
Valid from		Valid to	
Amount (this will be confirmed by email)		€	

I authorise ATEI of Thessaloniki, to charge my credit card with the sum of _____ €, as a fee to participate in the Networked Learning Conference 2008

Signature: _____ **Date:** _____

Bank Transfer	Emporiki Bank, Greece Account number: 86320622 IBAN:GR5101204140 0000 000 86320622 Swift Code: EMPOGRAA
Amount (this will be confirmed by email)	€

Once completed, please send the Registration form (together with the proof of payment, if bank transfer) either by e-mail or FAX to:

Chatzianagnostou Stella
 Research Committee - ATEI of Thessaloniki
 P.O BOX 141
 GR - 574 00 Thessaloniki, GREECE
 Phone: +30 2310 791477
 Fax: +30 2310 791468
 Email: nlc2008@teithe.gr